

**PROTECTION FROM SEXUAL
VIOLENCE PETITION**

**PLEASE COMPLETE
THE ENTIRE PACKET
AND BRING TO THE
PROTHONOTARY'S
OFFICE LOCATED AT
THE PIKE COUNTY
COURTHOUSE
412 BROAD STREET
ONCE COMPLETED**

Protection from Sexual Violence Petition INSTRUCTIONS AND FREQUENTLY ASKED QUESTIONS

***YOU MUST COMPLETE THE ENTIRE PACKET, INCLUDING THE STARRED PORTIONS OF THE CIVIL COVER SHEET. ONCE COMPLETE, BRING YOUR PACKET TO THE PROTHONOTARY'S OFFICE LOCATED AT THE COURTHOUSE, 412 BROAD STREET, MILFORD, PA.**

What is a Protection From Sexual Violence Petition?

A Protection from Sexual Violence Order is a civil order that protects victims of sexual violence.

What is Sexual Violence?

Under the Protection of Victims of Sexual Violence Act, sexual violence is defined as *any* conduct between persons who are not family members or household members that would constitute one or more of the following crimes:

1. 18 Pa.C.S. Ch. 31 (relating to sexual offenses), except 18 Pa.C.S. §§ 3129 (relating to sexual intercourse with animal) and 3130 (relating to conduct relating to sex offenders).
2. 18 Pa.C.S. § 4304 (relating to endangering welfare of children) if the offense involved sexual contact with the victim.
3. 18 Pa.C.S. § 6301(a)(1)(ii) (relating to corruption of minors).
4. 18 Pa.C.S. § 6312(b) (relating to sexual abuse of children).
5. 18 Pa.C.S. § 6318 (relating to unlawful contact with minor).
6. 18 Pa.C.S. § 6320 (relating to sexual exploitation of children).

****The Act does not cover any of the above actions for family or household members.***

****The Act is not the appropriate avenue to obtain custody, support or exclusive possession of a home. Please seek legal advice if any of the above is your sole purpose.***

Who May File for a Protection from Sexual Violence Petition?

You may file for protection in Pike County if you live here, the defendant lives here, or the incident occurred here.

A person can only file a Protection from Sexual Violence against the perpetrator of Sexual Violence.

****If the victim is a minor, then a parent or guardian must file on behalf of the child.***

****You may not file if the perpetrator is a family or household member. If you have been abused by a family or household member, please complete the Protection from Abuse Petition packet and NOT this packet.***

Family and household members includes:

- 1. Spouses or former spouses**
- 2. Current or former sexual or intimate partners**
- 3. Household members related by blood**
- 4. Household members related by marriage**
- 5. Same sex couples**
- 6. Parents, children and siblings**

How and Where Do I File for Protection from Sexual Violence Petition?

You must appear in person at the Prothonotary's Office at the Pike Prothonotary's Office at the Pike County Courthouse, 412 Broad Street, Milford, PA with a completed packet. No one on staff is able to provide legal advice to you; the staff will collect and review the paperwork that is needed. The staff may not give you legal advice.

You must be a victim of sexual violence (read the definition above) in order to qualify for a Protection from Sexual Violence Order. After completing ALL of the paperwork, the staff will take you and your petition before the Judge for an ex parte hearing.

Petitions are presented to the judge daily:

- In order to obtain an Order from the Judge, you need to be at the Courthouse with your entire packet completed **no later than 12:00 Noon. Clients arriving after 12:00 Noon will be referred to their Magisterial District Judge.**

What Should I Bring With Me When I Go To File For A Protection from Sexual Violence Order?

Please come prepared with the following information:

- Names (all persons and parties)
- Date of birth (all persons and parties)
- Social security number (all persons and parties)
- Addresses (all persons and parties) *You must have a valid address for the Defendant
- Physical description of the Defendant
- Vehicle make, model, style, and license plate number of the Defendant

How Do I Receive a Temporary Protection Order After Filing a Petition for Protection from Sexual Violence?

After filing a petition for protection, a judge will review your paperwork and will conduct an ex parte hearing to determine if a temporary protection order will be granted. If the judge believes a Temporary Order should be granted, he will issue a Temporary Protection from Sexual Violence Order. If you are granted a Temporary Order, then a Hearing to determine whether a Final Order will be granted will be scheduled before a judge within 10 days.

What Help is Available at Night, On Weekends or When the Courts are Closed?

In case of an emergency or if you've been a victim of sexual violence, contact your local police department or 911. A Petition for Emergency Relief may be filed with the on call district court (the police will provide you with the name of the on call emergency magisterial district judge). If the magisterial district judge believes that you are in immediate danger, he/she may grant you an Emergency Protection from Sexual Violence Order.

****This emergency protection order will expire on the following business day. Be sure to go to the Pike County Courthouse between the hours of 8:30 am and 12:00 pm to file a Protection of Victims of Sexual Violence Petition if you want to pursue one.***

How Do I Get a Final Protection from Sexual Violence Order?

A hearing will be held in front of a judge within ten days of filing your petition with the court, and the judge will listen to the facts of your case. If the judge finds that the abuse has occurred, a Final Protection from Sexual Violence Order will be issued. The length can be from one (1) to thirty-six (36) months.

What Protection Will I Receive?

A Protection from Sexual Violence Order may contain the following relief:

1. direct the alleged assailant not to abuse, threaten, harass or stalk you.
2. direct the alleged assailant to stay away from your house or apartment, where you live, even if that is also the alleged assailant's home.
3. direct the alleged assailant to stay away from your school or where you work.
4. direct the alleged assailant to refrain from harassing you or your relatives.
5. direct the alleged assailant to pay you for losses resulting from the abuse. These could include medical bills and lost wages.
6. Direct the alleged assailant to pay your legal fees.

***Terms of order may vary depending on each specific circumstance.**

How Can I get a Copy of My Protection from Sexual Abuse Order?

A copy of your Final Order will be mailed to you at your last known address filed with the Prothonotary. You can obtain a copy of your Protection Order by going to the Prothonotary located on the first floor of the Pike County Courthouse, 412 Broad Street, Milford, PA. There is a fee for copies.

How Can I Find a Lawyer?

North Penn Legal Services: 10 N. 10th St, Stroudsburg, PA; 570-424-5338

How Do I Withdraw My Temporary Protection from Sexual Violence Order?

You need to complete a Petition to Withdraw/Modify Protection Order and file it with the Prothonotary located on the first floor of the Pike County Courthouse, 412 Broad Street, Milford, PA. If the request is received prior to your Hearing date, your Hearing will be cancelled and your Protection from Sexual Violence Order will be Withdrawn.

How Do I Withdraw or Change My Final Protection from Sexual Violence Order?

If you wish to withdraw or change your Final Protection from Sexual Violence Order and you already had your Final Hearing, you would need to complete a Petition to Withdraw/Modify Protection Order and file it with the Prothonotary located on the first floor of the Pike County Courthouse, 412 Broad Street, Milford, PA. The Judge will set a Hearing date for you to present your request to withdraw or modify your Final Protection from Sexual Violence Order. The Judge would then decide whether to approve your request or not. All costs and fees must be paid before the Final Protection from Sexual Violence Order may be withdrawn.

How Do I File For Contempt of the Protection from Sexual Violence Order?

Contempt of a Protection from Sexual Violence Order can be filed by the police departments. If you call the police because you feel the defendant violated the Protection Order, and the police agree, they would file the necessary paperwork and a hearing would be scheduled.

The Plaintiff may also file a Private Indirect Criminal Contempt Complaint pursuant to 23 Pa.C.S.A § 6113.1.

How Do I File For an Extension of the Protection from Sexual Violence Order?

Any request for extension of a Final Protection from Sexual Violence Order, must be made in writing and filed with the Prothonotary located on the first floor of the Pike County Courthouse, 412 Broad Street, Milford, PA **at least two weeks prior to the expiration date** of the Final Order. A Hearing date will be set before a Judge to determine if there is sufficient evidence to extend the Final Protection from Sexual Violence Order.

VICTIM INFORMATION SHEET

Please answer all relevant questions of this blank Petition fully and completely. **This entire petition must be completed** before submitting to the Prothonotary. **Please be consistent** with the information as this packet is separated for processing. **There is no filing fee or court cost associated with this petition.**

You are the Plaintiff. The person you are filing this petition against is the Defendant. Please include the Defendant's full name and physical address.

PLEASE CONTACT YOUR ATTORNEY AT ONCE. If you cannot afford an attorney, you may be eligible for legal assistance from either one of the following:

- ☐ Victims' Intervention Program (VIP):
1-570-296-2827 or 24 Hour Crisis Hotline 1-570-296-4357 (Milford)
1-800-698-4847 or 24 Hour Crisis Hotline 1-570-253-4401 (Honesdale)
- ☐ North Penn Legal Services: 1-877-953-4250

To find out what other services may be available to you, CONTACT:

VICTIMS' INTERVENTION PROGRAM (VIP):

1-570-296-2827 or 24 Hour Crisis Hotline 1-570-296-4357 (Milford) or
1-800-698-4847 or 24 Hour Crisis Hotline 1-570-253-4401 (Honesdale).

If/when the Court sets a hearing on your Petition, you will receive the certified Court Order and Petition at the Prothonotary's Office. The Court will serve a copy of all Temporary Protection Orders on the Pennsylvania State Police and local police departments. **YOU SHOULD KEEP YOUR PROTECTION ORDER WITH YOU AT ALL TIMES.**

IF A VIOLATION OF ANY PROTECTION ORDER OCCURS, you should contact your local police department or the Pennsylvania State Police by telephone IMMEDIATELY. You should be prepared to provide a copy of the Protection Order to the police. The police will determine whether procedures for initiating criminal charges against the Defendant for the alleged violation should be instituted.

Supreme Court of Pennsylvania

Court of Common Pleas Civil Cover Sheet

Pike

County

For Prothonotary Use Only:

Docket No:

The information collected on this form is used solely for court administration purposes. This form does not supplement or replace the filing and service of pleadings or other papers as required by law or rules of court.

SECTION A

Commencement of Action:

- ☐ Complaint
 ☐ Writ of Summons
 ☒ Petition
 ☐ Declaration of Taking
- ☐ Transfer from Another Jurisdiction

Lead Plaintiff's Name:

Lead Defendant's Name:

Are money damages requested? ☐ Yes ☒ No

Dollar Amount Requested: ☐ within arbitration limits
(check one) ☐ outside arbitration limits

Is this a Class Action Suit? ☐ Yes ☒ No

Is this an MDJ Appeal? ☐ Yes ☒ No

Name of Plaintiff/Appellant's Attorney:

☐ Check here if you have no attorney (are a Self-Represented [Pro Se] Litigant)

SECTION B

Nature of the Case: Place an "X" to the left of the ONE case category that most accurately describes your **PRIMARY CASE**. If you are making more than one type of claim, check the one that you consider most important.

TORT (do not include Mass Tort)

- ☐ Intentional
☐ Malicious Prosecution
☐ Motor Vehicle
☐ Nuisance
☐ Premises Liability
☐ Product Liability (does not include mass tort)
☐ Slander/Libel/ Defamation
☐ Other:

MASS TORT

- ☐ Asbestos
☐ Tobacco
☐ Toxic Tort - DES
☐ Toxic Tort - Implant
☐ Toxic Waste
☐ Other:

PROFESSIONAL LIABILITY

- ☐ Dental
☐ Legal
☐ Medical
☐ Other Professional:

CONTRACT (do not include Judgments)

- ☐ Buyer Plaintiff
☐ Debt Collection: Credit Card
☐ Debt Collection: Other

- ☐ Employment Dispute: Discrimination
☐ Employment Dispute: Other

☐ Other:

REAL PROPERTY

- ☐ Ejectment
☐ Eminent Domain/Condemnation
☐ Ground Rent
☐ Landlord/Tenant Dispute
☐ Mortgage Foreclosure: Residential
☐ Mortgage Foreclosure: Commercial
☐ Partition
☐ Quiet Title
☐ Other:

CIVIL APPEALS

- Administrative Agencies
☐ Board of Assessment
☐ Board of Elections
☐ Dept. of Transportation
☐ Statutory Appeal: Other

- ☐ Zoning Board
☐ Other:

MISCELLANEOUS

- ☐ Common Law/Statutory Arbitration
☐ Declaratory Judgment
☐ Mandamus
☒ Non-Domestic Relations
☐ Restraining Order
☐ Quo Warranto
☐ Replevin
☐ Other:

PROTECTION FROM SEXUAL VIOLENCE AFFIDAVIT

PLEASE PRINT ANY AND ALL INFORMATION CLEARLY, PLEASE BE BRIEF BUT CLEAR ON FACTS

VICTIM'S INFORMATION:

VICTIM'S NAME: _____

ADDRESS: _____

DATE OF BIRTH: _____ PHONE #: _____
SOCIAL SECURITY #: _____ WORK #: _____
DRIVER'S LICENSE #: _____ STATE: _____

CHILDREN INVOLVED: (FILL IN ONLY IF SEXUAL VIOLENCE IS DIRECTED TOWARD THEM OR COULD BE)

| | |
|-------------|------------|
| NAME: _____ | DOB: _____ |
| NAME: _____ | DOB: _____ |
| NAME: _____ | DOB: _____ |
| NAME: _____ | DOB: _____ |

IF YOU ARE NOT STAYING AT HOME, PLEASE GIVE THE FOLLOWING INFORMATION SHOULD WE NEED TO CONTACT YOU FOR FURTHER INFORMATION:

NAME OF CLOSEST RELATIVE: _____ PHONE #: _____
NAME OF CLOSEST FRIEND: _____ PHONE#: _____

DEFENDANT INFORMATION:

DEFENDANT'S NAME: _____
ADDRESS: _____

PHONE #: _____ WORK # _____
DOB: _____ SS# _____
DRIVER'S LICENSE # AND STATE WHERE ISSUED: _____

DEFENDANT DRIVES: VEHICLE TYPE: _____
COLOR: _____
PLATE #: _____

DEFENDANT'S EMPLOYER: _____
ADDRESS: _____

DEFENDANT USUALLY GOES: _____
AFTER WORK OR: _____

PROTECTION FROM SEXUAL VIOLENCE AFFIDAVIT

DEFENDANT'S PHYSICAL DESCRIPTION:

| | |
|--------------------|---------------|
| HAIR: _____ | EYES: _____ |
| HEIGHT: _____ | WEIGHT: _____ |
| BUILD: _____ | TATOOS: _____ |
| HAIR LENGTH: _____ | |
| OTHER: _____ | |

RACE OF DEFENDANT: (CIRCLE ONE)

I - AMERICAN INDIAN/ALASKAN NATIVE
A - ASIAN/PACIFIC ISLANDER
B - BLACK
W - WHITE
U - UNKNOWN

HISPANIC SHOULD BE ENTERED WITH RACE CODE MOST CLOSELY REPRESENTING THE INDIVIDUAL.
(EXAMPLE: W OR B)

SPECIFIC DIRECTIONS TO WHERE THE DEFENDANT CAN BE LOCATED IN ORDER TO SERVE PAPERS ON HIM/HER: _____

IN THE COURT OF COMMON PLEAS OF
PIKE COUNTY, PENNSYLVANIA
CIVIL

Plaintiff

v.

Docket Number:

Defendant

ENTRY OF APPEARANCE AS A SELF REPRESENTED PARTY

1. I am the ☐ Plaintiff ☐ Defendant (**mark one**) in the above captioned:
☐ Custody ☐ Divorce ☐ Protection Petition ☐ Support (**Mark One**)
2. ☐ This ☐ is ☐ is not (**mark one**) a new case and I am representing myself in this case and have not hired an attorney to represent me.

OR (check one box only please)

☐ This is NOT a new case and _____ previously
(Name of Attorney)
represented me in this case. I have decided not to be represented by that attorney and direct the Prothonotary to remove that attorney as my counsel of record in this case.
OR (check one box only please)

☐ I am entering my appearance as a self-represented party and my attorney acknowledges his/her withdrawal as my attorney in this case.

Attorney Signature

3. My address for the purpose of receiving all future pleadings and other legal notices is:

I understand that this address will be the only address to which notices and pleadings in this case will be sent, and that I am responsible for regularly checking my mail at this address to ensure that I do not miss important deadlines and proceedings.
4. My telephone number where I can be reached during normal business hours is
(____) _____,
5. My email address is: _____
6. I UNDERSTAND THAT I MUST FILE A NEW FORM EVERY TIME MY ADDRESS OR TELEPHONE NUMBER CHANGES.
7. I have provided a copy of this form to all other attorneys or self-represented parties at the following addresses as listed below:
Name: _____ Address: _____
Name: _____ Address: _____
8. I fully understand that by deciding to represent myself, the Court will hold me to the same standards of knowledge regarding the statutory law, evidence law, Local and State Rules of Procedure and applicable case law as a Pennsylvania Licensed attorney, and that I must be fully prepared to meet those responsibilities.

I verify that the statements made in this Entry of Appearance as a Self-Represented Party are true and correct. I understand that if I make false statements herein, that I am subject to the criminal penalties of 18 Pa.C.S. § 4904 relating to unsworn falsification to authorities which could result in a fine and/or prison term.

Date

Signature

**PETITION FOR PROTECTION OF
VICTIMS OF: ☐ SEXUAL VIOLENCE or
☐ SEXUAL VIOLENCE AGAINST A MINOR**

IN THE COURT OF COMMON PLEAS OF
PIKE COUNTY, PENNSYLVANIA
NO. _____

1. PLAINTIFF

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

First Middle Last Plaintiff YOB

Plaintiff's Address: ☐ Plaintiff's address is confidential or ☐ Plaintiff's address is:

V.

2. DEFENDANT

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

First Middle Last Suffix

Defendant's Address:

| |
|--|
| |
| |
| |

Defendant's Place of employment is:

| |
|--|
| |
| |

DEFENDANT IDENTIFIERS

| | | | |
|-------------------|--|--------|--|
| YOB | | HEIGHT | |
| SEX | | WEIGHT | |
| RACE | | EYES | |
| HAIR | | | |
| SSN | | | |
| DRIVERS LICENSE # | | | |
| EXP DATE | | STATE | |

3. I am filing this Petition on behalf of: ☐ Myself and/or ☐ Another Person

If you checked "myself", please answer all questions referring to yourself as "Plaintiff". If you ONLY checked "another person", please answer all questions referring to that person as the "Plaintiff", and provide your name and address here, as filer, unless confidential.

Filer's Name:

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

First Middle Last Suffix

☐ Filer's Address is Confidential or ☐ Filer's address is:

If you checked "Another Person", indicate relationship with Plaintiff:

- ☐ parent of minor Plaintiff(s)
☐ applicant for appointment as guardian ad litem of minor Plaintiff(s)
☐ court appointed guardian of incompetent Plaintiff(s)

☐ **Check here if the Defendant is 17 years old or younger.**

Name of minor child for whom protection is sought and any other designated person:

Name: YOB:

4. Is there a relationship between Plaintiff and Defendant? ☐ YES ☐ NO

If Yes, what is the relationship? _____

5. Have Plaintiff and Defendant been involved in any other legal proceedings? ☐ YES ☐ NO

If Yes, state when and where the case was filed and the court docket number, if known:

6. Has the Defendant been involved in any criminal proceedings? ☐ YES ☐ NO

If you answered Yes, is Defendant currently on probation or parole? _____

7. The facts of the most recent incident of sexual violence are as follows:

Approximate Date: _____ Approximate Time: _____

Place: _____

Describe in detail what happened, including any physical or sexual abuse, threats, injury, incidents of stalking, medical treatment sought, and/or calls to law enforcement. (attach additional sheets of paper if necessary):

8. If Defendant has committed prior acts of sexual violence against Plaintiff, describe these prior incidents, and indicate approximately when such acts occurred. (attach additional sheets of paper if necessary):

9. Identify the sheriff, police department, or law enforcement agency in the area in which Plaintiff lives that should be provided with a copy of the protection order:

10. Is there is an immediate and present danger for further acts of sexual violence from Defendant against Plaintiff? ☐ YES ☐ NO

If Yes, please describe: _____

FOR THE REASONS SET FORTH ABOVE, I REQUEST THAT THE COURT ENTER A TEMPORARY ORDER AND, AFTER A HEARING, A FINAL ORDER THAT WOULD INCLUDE ALL OF THE FOLLOWING RELIEF (CHECK ALL FORMS OF RELIEF REQUESTED):

☐A. Restrain Defendant from having any contact with the victim, including, but not limited to, entering the victim's residence, place of employment, business or school.

☐B. Prohibit indirect contact with the victim through third parties.

☐C. Prohibit direct or indirect contact with the other designated persons:

| Name | Address (optional) | Relationship to Plaintiff |
|------|--------------------|---------------------------|
| | | |
| | | |
| | | |

☐D. Order Defendant to pay the costs of this action, including filing and service fees.

☐E. Order the following additional relief not listed above:

| |
|--|
| |
| |
| |

☐F. Grant such other relief as the court deems appropriate, including, but not limited to, issuing an order under 42 Pa. C.S. §62A11(b) related to the non-disclosure of the victim's address, telephone number, whereabouts or other demographic information.

☐G. Order the police, sheriff or other law enforcement agency to serve the Defendant with a copy of this petition, any order issued, and the order for hearing. Plaintiff will inform the designated authority of any addresses, other than the Defendant's residence, where Defendant can be served.

VERIFICATION

I verify that the statements made in this Petition are true and correct to the best of my knowledge. I understand that false statements herein are made subject to the Penalties of 18 Pa. C.S.A. §4904, relating to unsworn falsification to authorities.

Signature

Date

PIKE COUNTY SHERIFF'S OFFICE COPY ONLY

DEFENDANT'S INFORMATION:

Name: _____ DOB _____

Phone # _____ Cell # _____

Description of Defendant

Height _____ Weight _____
Hair Color _____ Sex _____
Eye Color _____ Age _____
Facial Hair _____ Race _____
Glasses _____ Other _____

POLICE SERVICE

PSP Blooming Grove _____
Milford Police _____
Eastern Pike Regional Police _____
Shohola Police _____
Other Agencies _____

Vehicle Description: _____

Work Place and Work Schedule:

Best Time to be Served? _____

Address to be served: _____

Directions to address to be served:

1) Owns Guns? YES ___ NO ___

2) Does the Defendant possess a carrying permit? YES ___ NO ___

Person & Phone number to call when Defendant has been served:

_____ DATE: _____

NOTE: PLEASE READ FINAL COPY SIGNED BY JUDGE BEFORE SERVING

PENNSYLVANIA STATE POLICE COPY ONLY
(Plaintiff's information to be faxed to the PSP (570) 226-5725)

Name: _____ DOB _____

Physical Address: _____

Mailing Address: _____

Home Phone #: _____

Cell Phone #: _____

Directions: _____

