

PETITION FOR PROTECTION - I

IN THE COURT OF COMMON PLEAS OF
LEHIGH COUNTY, PENNSYLVANIA
CIVIL COURT DIVISION

1. PLAINTIFF

(Name)

(address)

(City, State, Zip Code)

File No: _____

Plaintiff's DOB: _____

VS

2. DEFENDANT

(Name)

(address)

(City, State, Zip Code)

DEFENDANT IDENTIFIERS

DOB _____ HEIGHT: _____ Ft. _____ In.

SEX: _____ WEIGHT: _____

RACE: _____ EYES: _____

HAIR: _____

3. I am filing this petition on behalf of Myself or Another Person.

(Type Adult Plaintiff's name, minor plaintiff(s) initials)

If you checked "Another Person," also indicate your relationship with Plaintiff (s)

- parent of minor Plaintiff(s)
- adult household member with minor Plaintiff(s)
- court appointed guardian of incompetent Plaintiff(s)
- applicant for appointment as guardian ad litem of minor Plaintiff(s)

4. Names of ALL persons, who seek protection:

5. Have Plaintiff and Defendant been involved in any of the following court actions?
 Divorce; Custody; Support; Protection from Abuse
If you indicated any of the above, briefly indicate when and where the case was filed and the court number if known:

6. Has Defendant been involved in any criminal court action? Yes No
If you answered yes, is Defendant currently on probation/parole? Yes No

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

How old is the person seeking protection? _____

Please provide year of birth: _____

Date: _____ Time: _____

Location: _____

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:

Medical treatment was was not sought for current allegations

Law Enforcement was was not contacted for current allegations

8. If Defendant has committed prior acts of intimidation, against Plaintiff, describe these prior incidents and indicate approximately when such acts occurred:

Medical treatment was was not sought for prior allegations

Law Enforcement was was not contacted for prior allegations

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:

PSP - Fogelsville

10. There is an immediate and present danger of further abuse from Defendant

FOR THE REASONS SET FORTH ABOVE, I REQUEST THAT THE COURT ENTER A TEMPORARY ORDER, and AFTER HEARING, A FINAL ORDER THAT WOULD DO THE FOLLOWING:

- A. Restrain defendant from having any contact with the victim, including, but not limited to, restraining the defendant from entering the victim's residence, place of employment, business or school.
- B. Prohibit defendant from indirect contact with the victim through third parties.
- C. Prohibit defendant from direct or indirect contact with the following designated persons:
- D. Order Defendant to pay costs of this action, including filing and service fees.
- E. Order the following additional relief, not listed above:
- F. Grant such other relief as Plaintiff requests and/or the court deems appropriate.
- G. Order the police, sheriff or other law enforcement agency to serve 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 Defendant's residence, where Defendant can be served.

VERIFICATION

I verify that I am the petitioner as designated in the present action and that the facts and statements contained in the above petition are true and correct to the best of my knowledge. I understand that any false statements are made subject to the penalties of 18 Pa.C.S. §4904, relating to unsworn falsification to authorities.

Date

Signature

Additional Information

Plaintiff:

Name: _____

Phone Number(s): _____

Email Address: _____

Do you need an Interpreter? YES NO

If Yes, What Language: _____

List any additional address(es) you are requesting to be protected, such as your place of employment or school. List full address including: Business or School Name (if applicable), Street Address with apartment, floor, suite #, etc., City, State, and Zip Code.

Do you have access to a smart phone or computer with a camera and or microphone and internet access?

YES NO

Do you have the ability to print an email attachment prior to the scheduled remote interview?

YES NO

Are you available for video interview or telephone interview during the hours of 8:00 a.m. and 2:00 p.m.?

YES NO

Defendant:

Name: _____

Phone Number(s): _____

Email Address: _____

Does the Defendant need an Interpreter? YES NO

If Yes, What Language: _____

Is the Defendant incarcerated? YES NO

If Yes, list the Facility name and defendant's inmate number, if known:

Does the Defendant have access to a smart phone or computer with a camera and or microphone and internet access?

YES NO

Does the Defendant have the ability to print an email attachment prior to the scheduled remote interview?

YES NO

IN THE COURT OF COMMON PLEAS OF LEHIGH COUNTY, PENNSYLVANIA
FAMILY DIVISION

vs
Plaintiff)
) File No.
)
Defendant)

TO: THE CLERK OF JUDICIAL RECORDS --- CIVIL DIVISION

Praecipe for Self-Representation:

I, _____, Plaintiff Defendant,
represent myself in the within action.

Remove _____, Esq., as my attorney of record.

Address change request:

Please update the following address for:

Plaintiff Defendant Other _____

All pleadings and legal papers can be served on me at the address listed below:

Print Name

Date

Signature

Telephone number

Address

City, State, Zip Code

EMAIL: _____

I understand that I am under a continuing obligation to provide current contact information to the court, to other self-represented parties, and to attorneys of record.

THE PARTY FILING THIS PRAECIPE MUST PROVIDE NOTICE BY SENDING A COPY TO ALL PARTIES AND ATTORNEYS.