

## INSTRUCTIONS FOR COMPLETING THE PETITION FOR A STALKING CIVIL PROTECTION ORDER (SCPO)

These instructions are intended to assist you in preparing the Petitioner for a Stalking Civil Protection Order (SCPO), which can only be heard by the Common Pleas Court in your county. Throughout the petition you are called *Petitioner* and the person you are filing this petition against (the alleged stalker) is called *Respondent*.

### SOME HINTS BEFORE YOU BEGIN

Type or print **ONLY** on the Petition.

Write your name on the Petition the way it appears on your signature.

Write your name and Respondent's name the same way throughout the Petition.

Fill out the Petition as completely and accurately as possible.

If you have any questions about completing the Petition, ask the clerk of court's office for assistance or contact the following domestic violence or victim/witness program:

### FILLING OUT THE PETITION: MARK EACH INSTRUCTION BELOW AFTER YOU READ AND COMPLETED IT.

- On the front page, leave the "Case No." line and "Judge" lines blank. The clerk of court's office will fill in this information.
- On the top left-hand side of the front page, fill in the requested information about yourself. If you do not want your present address to be known, write "confidential" in the space for your address, but list someone else's address where you can receive notices from the court.
- Also on the top left-hand side of the front page, fill in the requested information about Respondent as best you can. You may use Respondent's work address if you do not know Respondent's home address. If you do not know Respondent's date of birth, leave that line blank. Do not attempt to obtain this information unless it is safe to do so
- Paragraph 1: If you are filing the Petition on behalf of yourself, mark the first box.
- Paragraph 2: If you are filing the Petition on behalf of a family or household member, mark the box and fill in their name(s) and the other information requested in the chart. You may attach additional pages if you need more room.
- Paragraph 3: State the date(s) of the incident(s) that brought you to file the Petition and provide a brief description of what happened that caused you to believe that the Respondent will cause physical harm or mental distress to you or another family member. (NOTE: Respondent does NOT have to be related to you or the other family members in any way.) If you are aware of any prior convictions of the Respondent for menacing by stalking, list what information you know about those convictions. You may attach additional pages if you need more room to complete your description.
- Paragraph 4: Indicate the action you want the court to take by marking the boxes next to the numbered paragraphs that apply to your situation.
- Paragraph 4(g): Write any special court orders you believe would help protect you and your family or household members.
- Paragraph 5: Be sure to mark the box next to Paragraph 5 if you need an emergency (*ex parte*) protection order.
- Paragraph 9: List ALL present or past court cases or investigations that involve Respondent. This includes all criminal, divorce, custody, visitation, bankruptcy cases, and any other case that may have a bearing on the safety of you or your family or household members. Write the case name, the court, the case number, and the outcome of the case, if known. You may attach additional pages if you need more room.

**SIGNING THE PETITION:** Try to fill out the Petition before you go the courthouse. **AFTER YOU HAVE FILLED OUT THE PETITION, TAKE IT TO THE CLERK OF COURT'S OFFICE OR TO A NOTARY PUBLIC TO HAVE YOUR SIGNATURE NOTARIZED. DO NOT**

**SIGN THE PETITION UNLESS YOU ARE IN FRONT OF A NOTARY PUBLIC.**

**FILING THE PETITION:** After you have your signature notarized, file your Petition at the clerk of court's office. The clerk of court's office will tell you when and where you *ex parte* hearing will take place. **There is no filing fee for a Petition for a SCPO**

IN THE \_\_\_\_\_ COURT  
 \_\_\_\_\_ COUNTY, OHIO

\_\_\_\_\_  
**Petitioner** : **Case No.** \_\_\_\_\_

\_\_\_\_\_  
**Address** : **Judge** \_\_\_\_\_

\_\_\_\_\_  
**City, State, Zip Code** :

Date of Birth \_\_\_\_\_ **PETITION FOR STALKING CIVIL PROTECTION ORDER (SCPO) (R.C. 2903.214)**

v. \_\_\_\_\_  
 \_\_\_\_\_ :

\_\_\_\_\_  
**Respondent** : **Notice to Petitioner: Throughout this form, mark every  that applies to your situation.**

\_\_\_\_\_  
**Address** :

\_\_\_\_\_  
**City, State, Zip Code** :

\_\_\_\_\_  
**Date of Birth** \_\_\_\_\_

- 1. Petitioner seeks relief on Petitioner's behalf.
- 2. Petitioner seeks relief on behalf of the following family or household members:

NAME	AGE/ Date of Birth	HOW RELATED TO PETITIONER

3. Ohio law defines MENACING BY STALKING as follows: "No person by engaging in a pattern of conduct shall knowingly cause another person to believe that the offender will cause physical harm to the other person or cause mental distress to the other person." (Ohio Revised Code Section 2903.211(A).) The Respondent does NOT have to be related to Petitioner in any way.

Petitioner states that Respondent has engaged in the following act(s) of MENACING BY STALKING (describe the nature and extent of the act(s), and describe any previous convictions of Respondent for menacing by stalking). Attach additional paper if you need more room:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

4. Petitioner requests that the Court grant relief under Ohio Revised Code 2903.314 for the safety and protection of the Petitioner and the family or household members named in this Petition by granting a Stalking Civil Protection Order that:

- (a) Directs Respondent not to abuse Petitioner and the family or household members named in this Petition by harming, attempting to harm, threatening, molesting, following, stalking, bothering, harassing, annoying, contacting, or forcing sexual relations upon them.
- (b) Requires Respondent to refrain from entering, approaching, or contacting (including contact by any media, writings, e-mail, fax, telephone, voice mail, and delivery service in person or through any other person) the residence, school, business, and place of employment of Petitioner and the family or household members named in this Petition.
- (c) Requires Respondent not to damage any of the property of Petitioner and Petitioner's family.
- (d) Requires Respondent not to possess any firearm or other deadly weapon.
- (e) Requires Respondent to complete batterer counseling, substance abuse counseling, or other counseling as determined necessary by the Court.
- (f) Requires Respondent to pay all costs of this action.
- (g) Includes the following additional provisions: \_\_\_\_\_

- 5. Petitioner further requests that the Court issue an *ex parte* (emergency) protection order under Ohio Revised Code 2903.211(C)(2) and this Petition.
- 6. Petitioner further requests that the Court not issue any mutual protection orders or other orders against Petitioner unless all of the conditions of R.C. 2903.211(E)(3) are met.
- 7. Petitioner further requests that if Petitioner has a victim advocate, the court permit the victim advocate to accompany Petitioner at all stages of these proceedings as required by R.C. 2903.311(L).
- 8. Petitioner further requests that the Court grant such other relief as the Court considers equitable and fair.
- 9. The following is a list of all present and past court cases involving Respondent, that Petitioner knows of:

CASE NAME				
CASE NUMBER				
COURT/COUNTY				
OUTCOME OF CASE				

I hereby swear or affirm that the answers above are true, complete and accurate. I understand that falsifying this document may result in a contempt of court finding against me which could result in a jail sentence and fine, and that falsifying this document may also subject me to criminal penalties for perjury under Ohio Revised Code

2921.11.

Sworn to and subscribed before me on this \_\_\_\_\_ day  
of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
SIGNATURE OF PETITIONER

\_\_\_\_\_  
NOTARY PUBLIC

(Side 3 of Form 10.03-D)

\_\_\_\_\_  
SIGNATURE OF ATTORNEY FOR PETITIONER, IF ANY

\_\_\_\_\_  
PRINT ATTORNEY NAME AND REGISTRATION NUMBER

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY, STATE, ZIP

\_\_\_\_\_  
TELEPHONE NUMBER