



10. The Respondent has committed domestic abuse to the Petitioner or Victim by the following acts: *(Describe)*

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Date of offense: \_\_\_\_\_

11. I am afraid of the Respondent and there: *(Describe)*

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12. \_\_\_ There is an immediate and present danger of domestic abuse to me (if yes, complete 14)

13. \_\_\_ The respondent is scheduled to be released from incarceration within thirty (30) days upon the respondent's release there will be an immediate and present danger of domestic abuse to me. (if yes, complete 14)

14. The reasons are as follows: *(Describe)*

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15. It is requested that upon hearing the Court issue **A FULL ORDER OF PROTECTION** with the following provisions: *(Check all that apply)*

a. \_\_\_ excluding the Respondent from the shared residence or from the residence of the Petitioner or Victim.

**Address of residence:** \_\_\_\_\_

b. \_\_\_ **excluding** the Respondent from the place of business, employment, school or other location of the Petitioner or Victim. **Address of:**

**Business:** \_\_\_\_\_

**Employment:** \_\_\_\_\_

**School:** \_\_\_\_\_

**Other:** \_\_\_\_\_

c. \_\_\_ Prohibiting the respondent, directly or through an agent, from contacting the petitioner or victim, except under the following conditions:

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

d. \_\_\_ awarding temporary custody of minor children as follows:

Child's Name	Person to Receive Custody

e. \_\_\_ requiring the Respondent to pay child support in the amount of \$\_\_\_\_\_ per child per month.

f. \_\_\_ requiring the Respondent to pay spousal support in the amount of \$\_\_\_\_\_ per month.

g. \_\_\_ requiring the Respondent to pay filing fees, service fees, Court costs, and Petitioner's attorney fees.

16. I am involved in pending litigation with the respondent in the case of:  
Case No.: \_\_\_\_\_  
Circuit or District Judge: \_\_\_\_\_  
County or City: \_\_\_\_\_

17. I have previously filed a petition for an order of protection against the respondent in the following case or cases:  
Case No.: \_\_\_\_\_  
Circuit Judge: \_\_\_\_\_  
County: \_\_\_\_\_

18. The Petitioner under oath states that the facts stated in the above Petition are true according to the Petitioner's best knowledge and belief.

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Petitioner's Signature**

STATE OF ARKANSAS  
COUNTY OF CRAWFORD

Subscribed and sworn to before me, this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

My commission expires:

\_\_\_\_\_

\_\_\_\_\_  
Notary Public

MARC MCCUNE  
CRAWFORD COUNTY  
PROSECUTING ATTORNEY  
206 S. 3RD STREET  
VAN BUREN, ARKANSAS 72956  
474-5000 Office

**Confidential Information! For Law Enforcement Use ONLY!**

**DO NOT PROVIDE TO RESPONDENT!**

Date: \_\_\_\_\_

Case: \_\_\_\_\_

Respondent's Name: \_\_\_\_\_

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

Place of Employment: \_\_\_\_\_

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

Respondent's Home/Cell #: \_\_\_\_\_

Respondent's Work #: \_\_\_\_\_

Description: Race \_\_\_\_\_ Sex \_\_\_\_\_ Height \_\_\_\_\_ Hair \_\_\_\_\_ Eyes \_\_\_\_\_

Weight \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_ SSN \_\_\_\_\_

Birthmarks, Scars or Tattoo's: \_\_\_\_\_

Year, Make, Model & License # of Vehicle: \_\_\_\_\_

Do they carry any weapons: Yes \_\_\_\_\_ No \_\_\_\_\_ Mental Problems: Yes \_\_\_\_\_ No \_\_\_\_\_

Do they drink alcohol: Yes \_\_\_\_\_ No \_\_\_\_\_

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\*\*\* YOUR INFORMATION \*\*\*      \*\*\* SHERIFF'S OFFICE MUST HAVE \*\*\*

Petitioner's Name: \_\_\_\_\_

Petitioner's Phone Number: \_\_\_\_\_

Petitioner's Physical Address: \_\_\_\_\_

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Petitioner's Mailing Address (If different than above) \_\_\_\_\_

\_\_\_\_\_

Petitioner's DL#: \_\_\_\_\_ Petitioner's Date of Birth: \_\_\_\_\_

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