

AFFIDAVIT IN SUPPORT OF PETITION FOR EMERGENCY RELIEF FROM ABUSE

DATE: _____

PLANTIFF: NAME: _____

ADDRESS: _____

PHONE: _____ WORK PHONE: _____

VS.

DEFENDANT: NAME: _____

DOB: _____ SSN: _____

ADDRESS: _____

PHONE: _____ WORK PHONE: _____

I, _____, HEREBY COMPLETE THIS AFFIDAVIT IN SUPPORT OF A PETITION FOR EMERGENCY RELIEF FROM ABUSE ON BEHALF OF MYSELF, _____, OR THE FOLLOWING CHILDREN OR INCOMPENTENT

ADULTS:

NAME: _____ ADDRESS: _____ AGE _____

NAME: _____ ADDRESS: _____ AGE _____

NAME: _____ ADDRESS: _____ AGE _____

(IF ADDITIONAL NAMES, LIST ON SEPARATE SHEET OF PAPER)

PLANTIFF INFORMATION

DID THE DEFENDANT THREATEN YOU? ___ YES ___ NO

DID THE DEFENDANT INJURE YOU? ___ YES ___ NO

IF YES TO EITHER OF THE ABOVE, PLEASE EXPLAIN. IF ADDITIONAL SPACE IS NEEDED FOR ANY ANSWER, USE OTHER SIDE.

WERE THE POLICE CONTACTED? ___ YES ___ NO

DEPARTMENT: _____ OFFICER/TROOPER: _____

WERE CHARGES FILED? ___ YES ___ NO

DID YOU EVER FILE A PFA AGAINST THE DEFENDANT? ___ YES ___ NO

IF SO, WHEN: _____

IF SO, WHERE: _____

DID THE DEFENDANT USE SOME TYPE OF WEAPON? ___ YES ___ NO

TYPE OF WEAPON: _____

DID YOU REQUIRE MEDICAL TREATMENT? ___ YES ___ NO

WHERE _____

IF YOU ARE REQUESTING PROTECTION FOR A CHILD OR INCOMPETENT ADULT,
EXPLAIN ANY THREAT OR INJURY AND IF MEDICAL TREATMENT WAS REQUIRED

GENERAL INFORMATION

IS DEFENDANT STILL AT THE RESIDENCE? ___ YES ___ NO

IF NOT, DO YOU KNOW WHERE THE DEFENDENT CAN BE FOUND? IF SO, LIST:

HAS DEFENDANT ABUSED YOU IN THE PAST? ___ YES ___ NO

WERE CHARGES FILED? ___ YES ___ NO

PLEASE DESCRIBE THE INCIDENT YOU ARE REQUESTING THIS PFA FOR. LIST TIME
AND DATE OF INCIDENT AND ANY OTHER DETAILS WHICH SUPPORT YOUR
PETITION. USE ADDITIONAL PAPER IF NEEDED.

I SWEAR OR AFFIRM THE ABOVE LISTED FACTS ARE TRUE AND CORRECT TO THE
BEST OF MY KNOWLEDGE.

SIGNATURE OF PLAINTIFF

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____, 20____