
 Petitioner (First/Middle/Last)

 By Parent/Guardian/Custodian (if applicable)

v.

 Respondent (First/Middle/Last)

<p>Law Enforcement</p> <p>Completed Service Verification on Page 5</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>

PETITION FOR PERSONAL SAFETY ORDER

W. Va. Code § 53-8-3; § 53-8-4

1. I, _____, hereby request that the Court issue a Personal Safety Order, pursuant to *West Virginia Code § 53-8-1, et seq.*, for me, the minor child(ren) named herein, and/or the physically or mentally incapacitated adult(s) named herein. (Check all that apply.)

(Check and complete if applicable.)

2. A Personal Safety Order is sought for the following **minor children**:

(List names, dates of birth, addresses [if different from petitioner's] and any relationship to petitioner and respondent.)

DO NOT LIST CHILDREN'S ADDRESSES IF YOU FEAR FOR THEIR SAFETY.

CHILD'S NAME	DATE OF BIRTH	ADDRESS (if different from petitioner's)	RELATIONSHIP TO PETITIONER	RELATIONSHIP TO RESPONDENT

Check this box if additional children are listed on a separate page.

(Check and complete if applicable.)

3. A Personal Safety Order is sought for the following **physically or mentally incapacitated adult(s)**:

(List names, dates of birth, and addresses, if different from petitioner's.)

DO NOT LIST ADDRESSES IF YOU FEAR FOR THEIR SAFETY.

NAME	DATE OF BIRTH	ADDRESS <i>(if different from petitioner's)</i>

If this Petition seeks protection for any physically or mentally incapacitated adult, please answer the following question.

Yes No Are you aware of any guardianship, conservatorship, or mental hygiene case involving the physically or mentally incapacitated adult?

If yes, please provide information about the other proceeding(s) (dates, parties, court orders, if any):

4. I am currently living temporarily or permanently in _____ County, State of _____

5. The respondent is currently living temporarily or permanently in _____ County, State of _____

6. The respondent's last known physical address is _____
Street Address, City, State, Zip Code *(Do not list P.O. Box Numbers.)*

7. The respondent has committed the following act(s) against *(check all that apply)* the

petitioner, minor child(ren), incapacitated adult(s) named herein:

Sexual Offense(s) or Attempted Sexual Offense(s) that, based upon information and belief, constitute act(s) within the definition of "sexual offense" contained in *West Virginia Code § 53-8-1(9)*.

AND/OR

Harassment that, based upon information and belief, constitutes one or more violations of *West Virginia Code § 61-2-9a(a)*.

AND/OR

Repeated credible threats of bodily injury knowing or having reason to know that the threats cause reasonable fear for safety in violation of *West Virginia Code § 53-8-4(a)(3)*.

8. Describe in detail the nature and extent of the act(s) specified above for which relief is being sought by this PETITION:

Check this box if continued on attached extra sheet(s).

9. Where did the above-described act(s) occur? (Specify county and state.) _____

10. Yes No Was a weapon used or threatened to be used by the respondent when committing the act(s) described above?

If yes, please describe the weapon and how it was used or threatened to be used: _____

11. Yes No Are you aware of any criminal charges related to the above-described act(s) or offense(s) for which relief is being sought by this petitioner?

If yes, please describe: _____

12. Describe any information known to you concerning **previous** harm or injury to you (other than acts described in paragraph 8 above) or any other person(s) resulting from sexual offenses, attempted sexual offenses, harassment, or repeated credible threats of bodily injury committed by the respondent:

Check this box if this is continued on attached extra sheet(s).

13. List any previous and/or pending court actions between the parties named in this PETITION:

Parties _____	Court _____	Case Number _____
<input type="checkbox"/> Previous (Closed) Case OR <input type="checkbox"/> Pending (Current) Case		
Parties _____	Court _____	Case Number _____
<input type="checkbox"/> Previous (Closed) Case OR <input type="checkbox"/> Pending (Current) Case		
Parties _____	Court _____	Case Number _____
<input type="checkbox"/> Previous (Closed) Case OR <input type="checkbox"/> Pending (Current) Case		

Check this box if this is continued on attached extra sheet(s).

Based upon the foregoing, I request the Court grant the following relief:

(Check all that you are requesting.)

- Order the respondent to refrain from committing or threatening to commit any sexual offense, harassment, or threats against the petitioner(s).
- Order the respondent to refrain from contacting, attempting to contact, or harassing the petitioner(s), directly or indirectly, or through third parties.
- Order the respondent to refrain from entering the residence of the petitioner(s).
- Order the respondent to stay away from the place of employment, school, or residence of the petitioner(s).
- Order the respondent not to visit, assault, molest, or otherwise interfere with the petitioner(s), and if a petitioner is a child, the petitioner's siblings and other minors residing in the household of the petitioner.
- Prohibit the respondent from possessing a firearm if the conditions for such prohibition are satisfied.
- Order the respondent to pay the fees and costs related to this proceeding.

I request the Court to make the Order effective for a period of _____.
 (cannot exceed 2-year statutory limit)

NOTICE TO PETITIONER
 Knowingly providing false information in this Petition is a misdemeanor and, upon conviction, is subject to a fine of not less than \$50 nor more than \$1,000 or confinement in jail for up to 90 days, or both.

VERIFICATION

STATE OF WEST VIRGINIA

COUNTY OF _____

I, _____, upon oath or affirmation, say that I am the petitioner named in this PETITION FOR PERSONAL SAFETY ORDER, and that the facts contained herein are true, except where they are stated to be upon information and belief, I believe them to be true.

Petitioner's Signature

Taken, subscribed, and sworn or affirmed before me on this _____ day of _____, 20_____.

Notary Public/Magistrate/Assistant/Magistrate Clerk

My commission expires on _____.

NOTICE TO PETITIONER

YOU HAVE THE ABSOLUTE RIGHT TO FILE THIS PETITION AND TO RECEIVE AN ORDER GRANTING OR DENYING YOUR PETITION. YOU ARE STRONGLY ADVISED TO REMAIN AT THE MAGISTRATE OFFICE TO RECEIVE THE ORDER GRANTING OR DENYING THE PERSONAL SAFETY PETITION.

YOU WILL NOT BE REQUIRED TO PAY FEES OR COSTS WHEN THIS PETITION IS FILED. IF YOUR PETITION IS DENIED AT THE TEMPORARY HEARING, YOU MAY BE ASSESSED FEES AND COSTS UNDER SOME CIRCUMSTANCES, UNLESS A FEE WAIVER REQUEST IS FILED AND APPROVED, OR SUCH ASSESSMENT IS PROHIBITED BY FEDERAL LAW. OTHERWISE, FEES AND COSTS WILL ONLY BE ASSESSED AGAINST A NON-PREVAILING PARTY UPON THE FINAL HEARING.

IF YOU CANNOT AFFORD THE COSTS OF THESE PROCEEDINGS, YOU MAY FILE A FEE WAIVER REQUEST WITH THE MAGISTRATE COURT CLERK'S OFFICE.

SERVICE OF PETITION AND TEMPORARY ORDER BY LAW ENFORCEMENT

Served on respondent by _____ in _____

County, WV, on Date: _____, at Time: _____ a.m./ p.m.

Law Enforcement Signature

(Return of Service to Magistrate Clerk within 5-days)

Law Enforcement Agency