
Using This Form

1. Copies
 - a. Original – to court.
 - b. First copy – to petitioner.
 - c. Second copy – to respondent.
 - d. Third copy – service copy.
2. Prepared by petitioner, acknowledged by intake officer, clerk or notary public.
3. Attachments
 - a. Affidavit of facts if petition not attested.
4. Preparation details
 - a. The petitioner must provide an affidavit of facts, either by a separate affidavit or by having the petition attested.
 - b. A temporary support order may be requested in conjunction with the protective order. However, a support petition should be filed at the same time to request a final order of support. If custody or visitation is also sought, a separate form must also be filed.
 - c. Data Element Nos. 5 and 6 are critical since they will be used for service of orders and the respondent is required to obey the orders only after the orders are served on him. Data Element No. 8 is critical since this information is necessary to register any protective order issued into the Virginia Criminal Information Network (VCIN) System.
 - d. The address and telephone number of the alleged abused person should not be entered in the service box on page 2 of this form. This information is to be kept confidential. District court form DC-621, NONDISCLOSURE ADDENDUM, should be used to collect this information.

PETITION FOR PROTECTIVE ORDER-FAMILY ABUSE

Commonwealth of Virginia Va. Code §§ 16.1-241(M), 16.1-253.1, 16.1-279.1

Case No. 1
Hearing Date and Time 2

Juvenile and Domestic Relations District Court
PETITIONER v. RESPONDENT

SUMMONS FOR HEARING:
TO THE RESPONDENT: You are hereby summoned to appear in this Court on 22 at 23 24
[] CLERK [] DEPUTY CLERK

To the Petitioner: Please provide your information on Form DC-621, NON-DISCLOSURE ADDENDUM.
RESPONDENT'S ADDRESS/LOCATION 6

The undersigned Petitioner respectfully represents to the Court that:

- 1. Petitioner and Respondent are family or household members because
[] Petitioner is the Respondent's [] spouse [] former spouse
[] parent, stepparent, child, stepchild, brother, sister, half-brother, half-sister, grandparent, or grandchild, specifically
[] mother-in-law, father-in-law, son-in-law, daughter-in-law, brother-in-law, or sister-in-law who resides in the same home with Respondent, specifically,
[] Petitioner and Respondent [] have a child in common [] currently cohabit [] cohabited within the previous 12 months.
[] Petitioner and Respondent reside in the same home, and [] Petitioner is a child of a person Respondent cohabits with, or cohabited with within the previous 12 months, or [] Petitioner is a person Respondent's parent cohabits with, or cohabited with within the previous 12 months.
2. The Respondent is committing or, within a reasonable time, has committed the following acts of family abuse:
[] See accompanying affidavit.
[]
3. Other cases involving the Petitioner and Respondent [] have [] have not been filed in Virginia courts.
4. [] An Emergency Protective Order involving the parties is in effect and was issued in the [] City [] County of on

(H) 7 (W)
RESPONDENT'S TELEPHONE NUMBER
8
RESPONDENT'S DESCRIPTION
RACE SEX BORN MO. DAY YR. HT. FT. IN. WGT. EYES HAIR
SSN

PETITIONER, THEREFORE, RESPECTFULLY REQUESTS that [] a preliminary protective order [] a protective order be issued and that such order impose the following conditions on the Respondent and such other conditions as the judge deems appropriate as allowed by law:

- [] Prohibiting further acts of family abuse or criminal offenses that result in injury to person or property.
[] Prohibiting such contact with the Petitioner as the judge deems necessary for the health or safety of the Petitioner.
[] Prohibiting such contact with the following family or household members as the judge deems necessary for their health and safety. (Please provide on Form DC-621, NON-DISCLOSURE ADDENDUM, the date of birth, gender and race for each family or household member listed.)
14 14 14
NAME NAME NAME
[] Granting the Petitioner possession of the premises occupied by Petitioner and Respondent to the exclusion of the Respondent.
This residence is located at
[] Prohibiting the Respondent from terminating [] requiring that the Respondent restore necessary utility service(s) to the premises indicated above specifically,
UTILITY SERVICE(S)
[] Granting the Petitioner temporary exclusive possession or use of a motor vehicle jointly owned by the parties or owned by the Petitioner alone, described as follows:
[] Prohibiting the Respondent from terminating the [] insurance [] registration [] taxes on this motor vehicle.
[] Requiring the Respondent to maintain the [] insurance [] registration [] taxes for this motor vehicle.
[] Requiring that the Respondent provide suitable alternative housing for the Petitioner [] and other family or household members [] and requiring the Respondent to pay deposit(s) to connect or restore necessary utility service(s) in the alternative housing, specifically,
UTILITY SERVICE(S)
[] Granting temporary custody or visitation of a minor child or children to Petitioner (UCCJEA affidavit attached). (PROTECTIVE ORDER only.)
[] Provide temporary support for minor children.
[] Granting the Petitioner possession of the companion animal described as
NAME/TYPE
[] Other relief necessary for protection:

15 DATE
17 ATTORNEY'S ADDRESS AND TELEPHONE NUMBER
16 PETITIONER
18 PETITIONER'S ATTORNEY
by

(When attested, this Petition shall also be an affidavit of the facts as stated in the Petition.)

Sworn to/affirmed and signed before me this day.

19 DATE
20 [] INTAKE OFFICER [] CLERK

FOR NOTARY PUBLIC'S USE ONLY: 21
State of [] City [] County of
Acknowledged, subscribed and sworn to before me this day of , 20
NOTARY REGISTRATION NUMBER
NOTARY PUBLIC
(My commission expires:)

Data Elements, page one

1. Court case number.
2. Hearing date and time.
3. Court name.
4. Petitioner's name.
5. Respondent's name.
6. Respondent's address or location where respondent may be found.
7. Respondent's home telephone number and work telephone number.
8. Insert identifying information for respondent, if known.
9. Check appropriate box to indicate how petitioner and respondent are family or household members and insert specific nature of relationship, as applicable.
10. Check appropriate box and, if applicable, insert facts. See Using This Form, 4.a.
11. Check applicable box to indicate whether or not other cases involving the parties have been filed in Virginia courts.
12. Check this box if an emergency protective order involving the parties is in effect, and insert name of issuing jurisdiction and date of order.
13. Check the appropriate box(es) and, if applicable, insert other relief sought. See Using This Form, 4.b.
14. Indicate name(s) of other family or household member(s) for whom petitioner is seeking protection, if applicable.
15. Date of signing.
16. Signature of petitioner. If filed by petitioner's attorney, print or type in petitioner's name.
17. Attorney's address and telephone number if filed by an attorney.
18. Attorney's signature if filed by an attorney.
19. Date of attestation.
20. Signature of person taking the attestation. Check the appropriate box below the signature line.
21. If attestation taken by notary public, all enclosed fields must be completed including notary's registration number and commission expiration date.
22. Date of hearing on petition.
23. Time of hearing on petition.
24. Signature of clerk issuing summons. Check appropriate box below signature line indicating title.

RETURNS: Each person was served according to law, as indicated below, unless not found.

RESPONDENT:	
NAME 2	
ADDRESS 3	
<input type="checkbox"/> PERSONAL SERVICE	TELEPHONE NO.
<input type="checkbox"/> NOT FOUND	
5 SERVING OFFICER	
for 6	
7 DATE AND TIME	
Respondent's Description (for VCIN) 8	
RACE	SEX
DOB	
HGT	WGT
EYES	HAIR
SSN	
Telephone No.	
Relationship to Petitioner/Plaintiff	
Distinguishing features	

PETITIONER: (See form DC-621, NON-DISCLOSURE ADDENDUM)	
NAME 9	
<input type="checkbox"/> PERSONAL SERVICE	
<input type="checkbox"/> NOT FOUND	
10 SERVING OFFICER	
for 11	
12 DATE AND TIME	
<input type="checkbox"/> Copy delivered to 13	
by 14	
TITLE	
15	
SIGNATURE	
16	
DATE	

“Family or household member” means (i) the person’s spouse, whether or not he or she resides in the same home with the person, (ii) the person’s former spouse, whether or not he or she resides in the same home with the person, (iii) the person’s parents, stepparents, children, stepchildren, brothers, sisters, half-brothers, half-sisters, grandparents and grandchildren regardless of whether such persons reside in the same home with the person, (iv) the person’s mother-in-law, father-in-law, sons-in-law, daughters-in-law, brothers-in-law and sisters-in-law who reside in the same home with the person, or (v) any individual who has a child in common with the defendant, whether or not the person and that individual have been married or have resided together at any time, or (vi) any individual who cohabits or who, within the previous twelve (12) months, cohabitated with the person, and any children of either of them residing in the same home with the person.

“Family abuse” means any act involving violence, force, or threat that results in bodily injury or places one in reasonable apprehension of death, sexual assault, bodily injury and that is committed by a person against such person’s family or household member. Such act includes, but is not limited to, any forceful detention, stalking, criminal sexual assault in violation of Article 7 (§ 18.2-61 et. seq.) of Chapter 4 of Title 18.2, or any criminal offense that results in bodily injury or places one in reasonable apprehension of death, sexual assault, or bodily injury.

Data Elements, page two

1. Court case number.
2. Respondent's name.
3. Respondent's address and telephone number.
4. Indicate either personal service or "not found."
5. Name of serving officer.
6. Jurisdiction. Name of sheriff if served by deputy sheriff.
7. Date and time of service.
8. Enter respondent's description to be entered into VCIN.
9. Petitioner's name.
10. Signature of serving officer.
11. Jurisdiction. Name of sheriff if served by deputy sheriff.
12. Date and time of service.
13. Indicate if, instead of service, a copy of the petition was delivered to petitioner and insert petitioner's name.
14. Title of person delivering copy to petitioner.
15. Signature of person delivery copy of petition to petitioner.
16. Date of delivery.