

STATE OF NORTH DAKOTA

IN DISTRICT COURT

COUNTY OF _____

_____ JUDICIAL DISTRICT

(Petitioner))
PETITIONER,)

Case No. _____

Vs)

PETITION FOR A SEXUAL ASSAULT
RESTRAINING ORDER

(Respondent))
RESPONDENT.)

I, _____, request this Court issue a Sexual Assault Restraining Order pursuant to North Dakota Century Code Section 12.1-31-01.2, and in support of this request, state the following:

1. I am the victim of sexual assault complained of in this petition.

OR

I am the parent step-parent guardian of _____ (*minor's initials*), a minor child who I reasonably believe is a victim of sexual assault complained of in this petition.

2. My address is (*you may ask the court to leave this paragraph blank*):

3. My age is:

OR

The minor child's age is:

4. The Respondent's address is:

5. The Respondent's age is:

6. My (*or*) The minor child's relationship to the Respondent is:

7. Beginning with the most recent event, these are the actions that support my request for a Sexual Assault Restraining Order (*include dates*). This is what happened:

(Use additional sheets if necessary.)

8. People who witnessed these events are (*names*):

9. I ask that a Temporary Sexual Assault Restraining Order be given prohibiting the Respondent from the following:

- a. Harassing, stalking, or threatening me (*or*) the minor child;
- b. Appearing at my (*or*) the minor child's residence, school and place of employment; and
- c. Contacting me (*or*) the minor child.

10. I request that a hearing be scheduled and that a more permanent Sexual Assault Restraining Order be given after that hearing.

11. I declare, under penalty of perjury under the law of North Dakota, that the information contained in this Petition for a Sexual Assault Restraining Order is true and correct. I understand that once a Sexual Assault Restraining Order is issued it cannot be modified or dismissed by me or the Respondent without permission of the Court.

Signed on _____, 20____ in _____ (City),
_____ County, _____ (State),
_____ (Country).

(Petitioner's Signature)

(Petitioner's Printed Name)

If you asked the court to leave your address blank in Paragraph 2, leave the address and telephone number lines blank. Otherwise, complete the address and telephone number lines below.

(Address)

(City, State, Zip Code)

Telephone Number: _____

STATE OF NORTH DAKOTA

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COUNTY OF _____

_____ JUDICIAL DISTRICT

_____)
(Petitioner))

PETITIONER,)

Vs)

_____)
(Respondent))

RESPONDENT,)

Case No. _____

CONFIDENTIAL
INFORMATION FORM

The information on this form is confidential and must not be placed in a publically accessible portion of a file. *The Date of Birth is required for every protected party.*

FULL INFORMATION

**REDACTED
INFORMATION**

PETITIONER:

Name: _____

Date of Birth: _____
(Month/Day/Year)

Year of Birth: _____

RESPONDENT:

Name: _____

Date of Birth: _____
(Month/Day/Year)

Year of Birth: _____

MINOR CHILD:

Name: _____

Initials: _____

Date of Birth: _____
(Month/Day/Year)

Year of Birth: _____

Dated this _____ day of _____, 20_____

_____, Petitioner