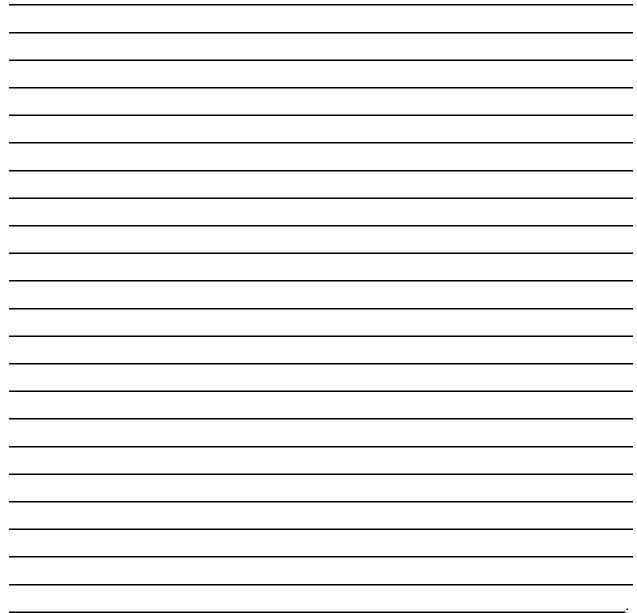
		SFN 51565 (Tech Rev 11/23)			
STA	TE OF NORTH DAKOTA	IN DISTRICT COURT			
COL	JNTY OF				
)				
Petil	tioner))	Case No			
VS)	Petition for Disorderly Conduct Restraining Order			
Respondent					
	The undersigned Petitioner, (your name	€),			
state	es as follows:				
1.	□ I am the victim of the conduct complained of in this petition. □ I am the (choose one) □parent/□guardian of				
	(<i>child's/ward's name</i>), who is the victim of the conduct complained of in this petition.				
	My □child's/□ward's (<i>choose one</i>) age is				
2.	My address is (you may ask the court to leave this line blank):				
3.	The Respondent's full name and address are:				
4.	My age is				
5.	The Respondent's age is				
6.	My relationship to the Respondent is (choose the appropriate word):				
	🗅 stranger. 🗋 acquaintance. 🗳 friend.				
	□ spouse. □ ex-spouse.				
	other relative:				
	□ other:				

7. I ask that a temporary restraining order be given requiring the Respondent to stop the disorderly conduct directed at (*select all that apply*) \Box me/ \Box my child/ \Box my ward.

8. I request that a hearing be scheduled and that a more permanent restraining order be given after that hearing.

9. Beginning with the most recent event, these are the actions that support my request for a restraining order (*include dates*). This is what happened:



(Use additional sheets if necessary.)

10. People who witnessed these events are (*list name(s*)):

(If there are other events which support your petition, describe them on an additional sheet of paper. Include the date of the event and the name of any witness(es).)

11. I declare, under penalty of perjury under the law of North Dakota, that everything

I stated in this Petition for Disorderly Conduct Restraining Order is true and correct.

gned on	, in(C <i>ity</i>),		
	County,		(State),
		_(Country).	
((Petitioner's Signature)		
Ī	(Petitioner's Printed Nan	ne)	
	Paragraph 2, leave the blank. Otherwise, com number lines below.		-
ī	(Address)		
Ī	(City, State, Zip Code)		
Ī	(Telephone Number)		
	(Telephone Number)		

STATE OF NORTH DAKOTA

COUNTY OF _____

IN DISTRICT COURT

JUDICIAL DISTRICT

)
Petitioner	, , ,
VS)
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 or Wa	nrd:	
Name:		
Date of Birth:	(Month/Day/Year)	Year of Birth:
Dated		·
(Petitioner's Signature))	(Petitioner's Printed Name)
(Address)		(City, State, Zip Code)
(Telephone Number)		(Email Address)