





\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REQUEST FOR HEARING AND PROTECTION ORDER**

Based upon this Petition and Affidavit in which I truthfully set forth the details of the stalking, I respectfully ask the court to set a date to hear this matter and after hearing the evidence, to grant me a Protection Order:

- 1) To Restrain the Respondent from:
  - a) following or harassing, or making any credible threat with the intent to place petitioner(s) in reasonable fear of death or great bodily injury, SDCL 22-19A-1;
  - b) from causing any injury as a result of an assault or a crime of violence, SDCL 22-1-2(9).
- 2) To Grant the Protection Order for a period of \_\_\_\_\_ time (*no longer than 5 years*).
- 3) To exclude the Respondent from the Petitioner's residence listed in 4C.
- 4) To Order that the Respondent shall not come within a distance of \_\_\_\_\_ from the following persons and places:

- A. The Petitioner personally
- B. The following minor children named as other protected persons:  Additional names attached

Name	Date of birth	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

- C. The Petitioner's residence (street/apt) \_\_\_\_\_  
(city) \_\_\_\_\_, (state) \_\_\_\_\_, (zip) \_\_\_\_\_ - \_\_\_\_\_
- D. The Petitioner's place employment (street) \_\_\_\_\_  
(city) \_\_\_\_\_, (state) \_\_\_\_\_ (zip) \_\_\_\_\_ - \_\_\_\_\_
- E. Other places (street/apt) \_\_\_\_\_  
(city) \_\_\_\_\_, (state) \_\_\_\_\_ (zip) \_\_\_\_\_ - \_\_\_\_\_  
(street/apt) \_\_\_\_\_  
(city) \_\_\_\_\_, (state) \_\_\_\_\_ (zip) \_\_\_\_\_ - \_\_\_\_\_  
(street/apt) \_\_\_\_\_  
(city) \_\_\_\_\_, (state) \_\_\_\_\_ (zip) \_\_\_\_\_ - \_\_\_\_\_

- 5) That the Respondent be restrained from contact with the Petitioner or other protected persons, by any direct or indirect means except as authorized by a court order.
- 6) To Order other relief which I believe is necessary for my protection: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*(If you are requesting an immediate temporary protection order without notice to the person you want restrained and without an opportunity for the person to appear; you must state why you believe you will suffer immediate and irreparable injury or damage if you have to wait until the hearing.)*

**REQUEST FOR IMMEDIATE PROTECTION ORDER  
WITHOUT NOTICE TO THE OTHER PARTY**

I am not requesting an immediate Temporary Protection Order.

In addition to what I have requested in sections 1-5 above, I further request that the Court grant me an immediate Temporary Protection Order Restraining Respondent from Stalking based upon the following sworn statements and beliefs:

The reasons I need this order immediately and cannot wait until the scheduled hearing are: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I believe that I will suffer immediate and irreparable injury, loss or damage if I am not granted an immediate Temporary Protection Order without notifying the Respondent and his/her attorney or giving the other party an opportunity to be heard.

The immediate and irreparable injury, loss or damage which I believe I will suffer is: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, I swear or affirm under oath that the information I have provided in this Petition and Affidavit are true and correct to the best of my knowledge. I believe I am entitled to the protection I have requested. I am asking for this protection for valid reasons and am not attempting to harass the person I am seeking protection against and am not attempting to abuse or delay the court process or any other legal action.

\_\_\_\_\_  
Petitioner

Signed and sworn to before me on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

(SEAL)

\_\_\_\_\_  
Notary Public/Deputy Clerk of Courts  
Commission Expires:

**TPO:** \_\_\_\_\_ **Petitioner Information** **Date:** \_\_\_\_\_

Attorney(s): \_\_\_\_\_

**Required Information**

**Last Name** \_\_\_\_\_ **First** \_\_\_\_\_ **Middle** \_\_\_\_\_ **Suffix** \_\_\_\_\_

**Birth Date:** \_\_\_\_\_ (MM/DD/YYYY) **Sex:** \_\_\_\_\_ (M=Male, F=Female)

**Race:** \_\_ (A=Asian/Pacific Islander, B=Black, I=American Indian, W=White, O=Other, U=Unknown)

**Present Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ - \_\_\_\_\_

My mailing address is the same as my present address.

**Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ - \_\_\_\_\_

**Driver's License Number:** \_\_\_\_\_ **License State:** \_\_\_\_\_

**SSN:** \_\_\_\_\_

**Eye Color:** \_\_\_\_\_ **Hair Color:** \_\_\_\_\_ **Weight:** \_\_\_\_\_ **Height:** \_\_\_\_\_

Phone Number	Type
1 (____) _____ - _____	H=Home, W=Work, C=Cell, O=Other, F=Fax
2 (____) _____ - _____	H=Home, W=Work, C=Cell, O=Other, F=Fax
3 (____) _____ - _____	H=Home, W=Work, C=Cell, O=Other, F=Fax

TPO: \_\_\_\_\_ Respondent Information Date: \_\_\_\_\_

**Required Information**

Name: \_\_\_\_\_  
Last First Middle  
Birth Date: \_\_\_\_\_ (MM/DD/YYYY) Sex: \_\_\_\_\_ (M=Male, F=Female, U=Unknown)

Driver's License Number: \_\_\_\_\_ License State: \_\_\_\_\_ SSN: \_\_\_\_\_

Present Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_

Race: \_\_\_\_ (A=Asian/Pacific Islander, B=Black, I=American Indian, O=Other, W=White, U=Unknown)

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_

Distinguishing Features: \_\_\_\_\_

Phone Number 1 (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (H=Home, W=Work, C=Cell, O=Other, F=Fax)

2 (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (H=Home, W=Work, C=Cell, O=Other, F=Fax)

3 (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (H=Home, W=Work, C=Cell, O=Other, F=Fax)

Misc. Indicator:  Martial Arts Expert  Explosives Expert  Known to Abuse Drugs

Medical Indicator:  Heart Condition  Alcoholic  Allergies  
 Epilepsy  Suicidal  Medication Required  
 Hemophiliac  Diabetic  
 Other \_\_\_\_\_

Interpreter needed  Language \_\_\_\_\_

**Respondent Vehicles**

License Plate Number	State	Year	Make	Model	Color
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____

Occupation: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

Work Days: \_\_\_\_\_ Work Hours: \_\_\_\_\_

Other persons at Respondent's residence: \_\_\_\_\_

Other addresses or locations (hangouts) where Respondent can be found:

Location: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_

Location: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_