THE SUPERIOR COURT FOR THE COUNTY OF _____

STATE OF GEORGIA

_____, Petitioner,	:	Civil Action File
v.	:	No. _____
_____, Respondent.	:	

PETITION FOR STALKING TEMPORARY PROTECTIVE ORDER

The Petitioner, pursuant to O.C.G.A. § 16-5-94, hereby files this Petition for a Stalking Temporary Protective Order and in support shows the Court the following:

1. The Petitioner is a resident of _____ County, Georgia and is over the age of 18 years of age or is an emancipated minor. Petitioner's year of birth is _____, sex _____, and race _____.

2. The Respondent is a resident of _____, Georgia, and may be served at _____, _____ County, Georgia.

OR

2.1 Respondent is a resident of the State of _____. Under O.C.G.A. §§19-13-2(b) and 16-5-94(b) jurisdiction and venue are proper with this Court because the stalking occurred in the State of Georgia in _____ County and/or Petitioner lives in _____ County. Respondent is subject to the jurisdiction of this Court and may be served at_____ _____.

3. On or about _____, 20___, the Respondent has knowingly and willfully committed the following acts of stalking under O.C.G.A. §§ 16-5-90 et seq.

_____

_____

_____

_____

and similar events may occur in the future. These acts had no legitimate purposes, happened at places other than the residence of the Respondent, were without the consent of the Petitioner, and placed Petitioner in reasonable fear for her/his own safety and/or the safety of her/his immediate family.

4. In the past on or about _____, 20_____, the Respondent committed the following acts of stalking under O.C.G.A § 16-5-90 et seq.

_____

_____

_____

_____

THEREFORE, Petitioner requests:

(a) That the Court set a hearing within thirty (30) days of the signing of the Order and to direct Respondent to appear before this Court and to show any reasons why the demands of the Petitioner should not be granted;

(b) That the Respondent be served a copy of this Petition and Ex Parte Protective Order as required by law;

(c) That this Court direct law enforcement to enforce this Order;

(d) That this Court direct Respondent to stop abusing, harassing and intimidating Petitioner's child/ren;

(e) That this Court restrain and enjoin Respondent from having any direct or indirect contact with the petitioner and/or Petitioner's child/ren;

(f) That this Court order that Respondent be enjoined from approaching within ___ yards of Petitioner;

(g) That this Court make findings of fact and conclusions of law concerning the issues in this case;

(h) That Petitioner have such other and further relief as the Court may deem just and proper:

(i) That this Court issue a Stalking Act Ex Parte and Twelve Month Protection Order; and

(j) That this Court grant such other relief as it determines just and equitable.

Respectfully submitted,

_____
Petitioner

Address

_____

_____

_____

Telephone: _____
(Do not give current address if confidential; give alternative address)

THE SUPERIOR COURT FOR THE COUNTY OF _____

STATE OF GEORGIA

_____ ,	:	
Petitioner,	:	Civil Action File
	:	
v.	:	No. _____
	:	
_____ ,	:	
Respondent.	:	

VERIFICATION

Personally appeared _____, who being duly sworn states that she/he is the Petitioner in the above styled case and that the facts set forth in the foregoing Petition for Stalking Temporary Protective Order are true and correct.

_____
Petitioner

Sworn and subscribed before
me this _____ day of _____ , 20___.

_____
NOTARY PUBLIC
My commission expires:

CIVIL ACTION FILE NO. _____

Please note: This form has been provided by the Georgia Legal Services Program and can be used to petition for a Temporary Stalking Protective Order. This petition has not been adopted by the Council of Superior Court Judges as an official state form.

Pursuant to O.C.G.A. § 19-13-3,
Petitioner assisted by
Name: _____

Address: _____

_____

Phone: _____

REMOVE THIS PAGE FROM ORDER AND FILE SEPARATELY UNDER SEAL

CONFIDENTIAL INFORMATION FORM - ATTENTION COURT STAFF: THIS PAGE IS A RESTRICTED-ACCESS DOCUMENT.
This document is not accessible to the public or to other parties.

RESPONDENT'S IDENTIFYING FACT SHEET

(please complete as much as possible; one of these must be provided to have the order placed in the National Crime Information Center registry: Respondent's date of birth OR social security number)

Respondent's social security number is _____, date of birth is _____, sex ____, color of hair _____, color of eyes _____, height _____, weight _____. Respondent's race is _____, ethnic background _____. Respondent has distinguishing marks (tattoos, scars, etc.)_____. Respondent drives a _____, license tag no:_____(Expires:____) and has a ___(state) driver's license no: _____(Expires:____). Respondent's home address _____ and is employed by_____ at _____ and works from ____ to ____ on (days)_____. Respondent has the following known aliases: _____.

PROTECTED PARTIES' IDENTIFYING INFORMATION

Petitioner:	_____	DOB _____	sex _____	race _____
Other:	_____	DOB _____	sex _____	race _____
Other:	_____	DOB _____	sex _____	race _____
Other:	_____	DOB _____	sex _____	race _____
Other:	_____	DOB _____	sex _____	race _____

Rev'd 1/17