**TRIBAL COURT**

, **Alaska**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, )**

**Petitioner )**

 **DOB: ) Tribal Case No. \_\_\_\_\_\_\_\_**

 **v. )**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, ) Respondent )**   **)**

 **DOB: )**

 ) **Tribal Court Number:**

 **) (907)**

###### PETITION FOR A TRIBAL COURT PROTECTIVE ORDER

**TYPE OF PROTECTION**:

**🞎** I am requesting an **emergency protective order** through an *Ex-Parte* hearing. **Such hearing may take effect immediately with or without prior notification to the respondent.**  This Ex Parte Protection Order shall be in effect for 20 days from the date the Order is signed.

**(OR) / (IN ADDITION),**

🞎 I am requesting a **long-term protective order**, one that can be in effect for longer than thirty days. The respondent must be notified. Check one below:

🞎 I will/have checked the appropriate boxes on page 5 to certify that I either mailed or personally delivered a copy of this Petition to the respondent.

**(OR)**

🞎 I am in fear of notifying him or her. I am requesting that the Tribal Court notify the respondent of this Petition.

🞎 I request the Respondent cited under the ‘Domestic Violence’ provisions of the       Tribal Law & Order code.

**OTHER CONSIDERATIONS**

🞎 I am requesting that the Tribal Court also register the above said protection order with the Alaska State Court System.

**JURISDICTION INFORMATION**:

🞎 Both Petitioner & Respondent are  Tribal members.

🞎 Respondent is a Tribal member.

🞎 The Petitioner is a Tribal member.

**DESCRIBE THE REASON FOR PROTECTION:**  *(Attach additional paper, if necessary)*

1. Please briefly describe what happened, when it happened, where it happened, and whether children were involved. Please be specific.

1. Was a weapon involved? ☐ yes ☐ no (If yes, please describe.)

1. Was anyone injured? ☐ yes ☐ no (If yes, please describe.)

1. Has the respondent been involved in other instances of domestic violence with the petitioner or with anyone else? ☐ yes ☐ no ☐ I don’t know (If yes, please describe.)

1. Other People involved: (Names, addresses, and phone number)

**RELIEF REQUESTING**:

* Respondent shall not threaten, intimidate, endanger, assault, harass, stalk, damage the property of or commit acts of domestic violence against the Petitioner
* Respondent shall not go on or near where Petitioner

☐ Resides:

☐Place of employment:

☐ School:

☐Other locations:

* Respondent shall not contact Petitioner, except for:

☐ No exceptions ☐ by email ☐ by telephone ☐ through a third person:

* Respondent is **excluded** from the village:
* Respondent shall stay away from and shall not enter a vehicle, aircraft or boat in the possession of or occupied by the Petitioner, nor shall follow such vehicle or boat.
* Respondent shall stay away from Petitioner who is boarding a boat, aircraft or other motor vehicle
* Respondent pays for the ☐medical or ☐other expenses of the Petitioner which resulted from the domestic violence inflicted upon the Petitioner. List expenses:

* Respondent shall engage in personal counseling:
* Respondent not to use or possess a firearm; Respondent to surrender any firearm owned or possessed by the respondent
* Respondent shall not possess or use alcohol and/or drugs
* Respondent shall not sell or dispose of any personal property of the petitioner, any property jointly held, or any disputed property.
* Petitioner requests exclusive use and possession of the residence at

Is this also the Respondents residence? ☐ yes ☐ no

* Petitioner requests temporary possession and use of the following, regardless of ownership:

☐ Residence located at: ☐ and everything in it

☐ Pets:

☐ Vehicle and all keys to it

 Vehicle description: License Plate #:

* Petitioner requests temporary possession and use of the following:

☐ House Keys ☐ Mail Keys ☐ Petitioner’s Medicine ☐ Petitioner’s Clothes

☐ Petitioner’s Tribal Id/CIB ☐ Petitioner’s Identification cards

 ☐ Food stamp cards (if Petitioner is listed on food stamp application, ONLY)

 ☐ Insurance card (if Petitioner is either the primary or dependent, ONLY)

☐ Children’s belongings ☐ Children’s Medicine ☐ Other:

* Other:
* Other:
* Other:

**CHILD CUSTODY/VISITATION/SUPPORT**

|  |  |  |
| --- | --- | --- |
| Children’s Name | Date of Birth  | Relationship to Petitioner/Respondent  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Is there already a custody order pertaining to one or more of the children? ☐ yes ☐ no

|  |  |  |
| --- | --- | --- |
| Children’s Name | Courthouse  | Order Granting Custody To: |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

* Award temporary custody of the child(ren) listed below, and the children may not be removed from the State of Alaska except:
* Respondent is denied custodial access to the minor child(ren)
* Respondent shall pay for the support of the Petitioner and/or the minor child(ren) whom Respondent has a legal obligation to support:
* Respondent is granted supervised visitation
* Respondent is granted visitation according to the following schedule and times:

**WRIT OF ASSISTANCE**

 I am requesting a Writ of Assistance for:

* Escort and assistance to obtain possession of the residence at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and remove Respondent, if necessary.
* Escort and assistance to safely obtain possession of the items listed in this order.
* Assistance to obtain physical custody of the minor child(ren) named in this order from any other person. You may enter any location where you have probable cause to believe the child(ren) may be found.

**RECOMMENDED PENALTIES FOR JUDGE TO CONSIDER FOR CITATION**:

* Circle Sentencing
* Treatment/Counseling
* Community Service/Tribal Probation
* Parenting Classes/Elder Counseling
* Restitution through Subsistence
* Other:

### STATEMENT OF TRUTH

By signing this document, I swear before the Tribal Court that the facts I stated to be are true and accurate.

 .

(Signature of Petitioner)

 .

(Print or type name of Petitioner)

 .

(Date Petition was signed)

### STATEMENT OF SERVICE

I 🞎 mailed a return receipt requested restricted delivery or 🞎 personally gave (check one) a copy of this Petition to the other people involved on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date).

 .

(Signature of person delivering notice)

 .

(Title of person above)