

STATE OF WISCONSIN, CIRCUIT COURT, _____ COUNTY

Petitioner: _____
(Individual at Risk) _____
Individual at Risk's _____
Date of Birth: _____
Name of person _____
completing Petition: _____
(if different from _____
Individual at Risk) _____
-VS-
Respondent/
Defendant: _____
Address: _____

Amended

**Petition for
Temporary Restraining Order
and/or Petition and Motion for
Injunction Hearing**

(Individual at Risk - 30713)

Case No. _____

One or both parties require the services of an interpreter. Which party? _____ Which language? _____
Complete and file the Interpreter Request ([GF-149](#)) form.

Respondent's:	Sex	Race	Date of Birth	Height	Weight	Hair color	Eye color
Please specify Individual at Risk's relationship(s) to Respondent:							Respondent's Distinguishing Features: (such as scars, marks or tattoos)
<input type="checkbox"/> spouse	<input type="checkbox"/> cousin	<input type="checkbox"/> adoptive parent					
<input type="checkbox"/> former spouse	<input type="checkbox"/> sibling	<input type="checkbox"/> grandparent					
<input type="checkbox"/> person in dating relationship	<input type="checkbox"/> parent	<input type="checkbox"/> child (biological/adoptive/step)					
<input type="checkbox"/> current or former live-in relationship	<input type="checkbox"/> step parent						
<input type="checkbox"/> Other: [Be specific] _____							<input type="checkbox"/> None known.

CAUTION:
(Check all that apply)

- Respondent has access to weapon(s). Type of weapon(s): _____
Location of weapon(s): _____
- Weapon(s) were involved in an incident [past or present] involving the individual at risk.

I am: [Check one]

- an individual at risk.
- a person acting on behalf of an individual at risk.
- a representative of an adult-at-risk agency, or an elder-adult-at-risk agency.

I PETITION THE COURT for a Temporary Restraining Order and/or Injunction against the respondent under §813.123, Wis. Stats., based on the following:

1. The individual at risk is [Check one]
 - a. an adult at risk (*an adult who has a physical or mental condition that substantially impairs his/her ability to care for his/her needs and who has experienced, is currently experiencing, or is at risk of experiencing physical abuse, emotional abuse, sexual abuse, treatment without consent, unreasonable confinement or restraint, neglect, self-neglect, or financial exploitation*).
 - b. an elder adult at risk (*a person age 60 or older who has experienced, is currently experiencing, or is at risk of experiencing physical abuse, emotional abuse, sexual abuse, treatment without consent, unreasonable confinement or restraint, neglect, self-neglect, or financial exploitation*).
2. The adult respondent has [Mark any of the following boxes that apply]
 - a. interfered with, or based upon prior conduct of the respondent, may interfere with
 - 1. an investigation of the individual at risk; or
 - 2. the delivery of protective services to the individual at risk; or
 - 3. the delivery of protective placement to the individual at risk; or
 - 4. the delivery of services to the elder adult at risk,
 and that the interference complained of, if continued, would make it difficult to determine whether physical abuse, emotional abuse, sexual abuse, treatment without consent, unreasonable confinement or restraint, financial exploitation, neglect, or self-neglect has occurred, is occurring, or may recur.
OR
 - b. engaged in or threatened to engage in with the individual at risk
 - physical abuse.
 - emotional abuse.

- | | |
|--|---|
| <input type="checkbox"/> sexual abuse. | <input type="checkbox"/> treatment without consent. |
| <input type="checkbox"/> financial exploitation. | <input type="checkbox"/> unreasonable confinement or restraint. |
| <input type="checkbox"/> neglect. | <input type="checkbox"/> harassment. |
| <input type="checkbox"/> stalking. | <input type="checkbox"/> mistreatment of an animal. |

3. Stated below or attached as part of this Petition is a statement of facts indicating that respondent has met the criteria set forth in either or both 2.a. or 2.b. above.

(State when, where, what happened, and who did what to whom)

See attached

4. Another no contact order between the individual at risk and the respondent

does not exist or the individual at risk does not know or is uncertain as to whether another no contact order exists.

does exist.

Name of other case: _____

County or State: [If not Wisconsin] _____

Type of Case: _____

Case Number: [If known] _____

Date of proceeding that resulted in no contact order [If known]: _____

Details of no contact order: _____

I REQUEST THE COURT: [Mark any of the following boxes that apply]

1. Issue a Temporary Restraining Order requiring the respondent to
- a. avoid interference with an investigation of the individual at risk.
 - b. avoid interference with the delivery of protective services to the individual at risk.
 - c. avoid interference with a protective placement of the individual at risk.
 - d. avoid interference with the delivery of services to the elder adult at risk.
 - e. cease engaging in or threatening to engage in physical abuse, emotional abuse, sexual abuse, treatment without consent, unreasonable confinement or restraint, financial exploitation, neglect, harassment, stalking of the individual at risk, or mistreatment of an animal.
 - f. avoid the residence of the individual at risk and/or any other location temporarily occupied by the individual at risk.
 - g. avoid contacting or causing any person other than a party's attorney or a law enforcement officer to contact the individual at risk. *Contact includes: contact at the individual at risk's home, work, school, public places, in person, by phone, in writing, by electronic communication or device, or in any other manner.*
 - h. refrain from removing, hiding, damaging, harming, or mistreating, or disposing of, a household pet.
 - i. allow the petitioner or a family member or household member of the petitioner acting on his/her behalf to retrieve a household pet.
 - j. Other: [May not be inconsistent with remedies noted above] _____
2. Set a time for a hearing on the Petition for an Injunction requiring the respondent to
- a. avoid interference with an investigation of the individual at risk.
 - b. avoid interference with the delivery of protective services to the individual at risk.
 - c. avoid interference with a protective placement of the individual at risk.
 - d. avoid interference with the delivery of services to the elder adult at risk.
 - e. cease engaging in or threatening to engage in physical abuse, emotional abuse, sexual abuse, treatment without consent, unreasonable confinement or restraint, financial exploitation, neglect, harassment, stalking of the individual at risk, or mistreatment of an animal.
 - f. avoid the residence of the individual at risk or any/or other location temporarily occupied by the individual at risk.
 - g. avoid contacting or causing any person other than a party's attorney or a law enforcement officer to contact the individual at risk. *Contact includes: contact at individual at risk's home, work, school, public places, in person, by phone, in writing, by electronic communication or device, or in any other manner.*
 - h. refrain from removing, hiding, damaging, harming, or mistreating, or disposing of, a household pet.
 - i. allow the petitioner or a family member or household member of the petitioner acting on his/her behalf to retrieve a household pet.

j. Other: *[May not be inconsistent with remedies noted above]* _____

3. If the Temporary Restraining Order is denied, the person filing the Petition asks the Court to schedule an Injunction Hearing.
4. Appoint a guardian ad litem for the individual at risk.
(The Court shall appoint a guardian ad litem if the petition was filed by a person other than the individual at risk.)
5. Issue an Injunction against the respondent for four years or the following shorter period: _____.
- Order the wireless telephone service provider to transfer to the petitioner each telephone number(s) he/she or a minor child in his/her custody uses. The provider will transfer to the petitioner all financial responsibility for and right to the use of any telephone number(s) transferred. **(See form CV-437, Wireless Telephone Transfer in Injunction Case.)**
6. Order the Injunction, which is in effect for not more than 10 years, if the Court finds a substantial risk the respondent may commit 1st or 2nd degree intentional homicide, or 1st, 2nd or 3rd degree sexual assault against the petitioner.
7. Order the injunction is in effect permanently if the Court finds the respondent has been convicted of a violation of first, second, or third degree sexual assault against the petitioner.
8. If the Court grants the Injunction, the petitioner requests the Court
- a. not order the respondent to surrender his/her firearm(s).
OR
- b. order the respondent to surrender and not possess a firearm while the Injunction is in effect because the petitioner believes that the respondent may use a firearm to cause physical harm to another or endanger public safety.

SERVICE ON RESPONDENT

Before the Injunction Hearing, it is the petitioner's responsibility to contact the sheriff's office or other process server to verify that the documents were served and proof of service is filed with the Clerk of Circuit Court. The Court will not do this for the petitioner. If available in your county, another way to verify if the documents were served is to register with VPO (VINE Protective Order) on its website at www.vinelink.com.

The Clerk of Circuit Court shall forward the Temporary Restraining Order to the sheriff and the sheriff shall assist the petitioner in serving the Temporary Restraining Order.

I declare under the penalty of false swearing that the information I have provided is true and accurate.

DISTRIBUTION:

1. Court
2. Petitioner (Individual at Risk)
3. Person/Agency acting on behalf of Individual at Risk
4. Respondent
5. Guardian ad Litem, if appointed
6. Law Enforcement
7. Other: _____

Petitioner's or Person filing on behalf of Individual at Risk's Signature

Name Printed or Typed

Date

State Bar No. (if any)