

This form is available in Spanish and Hmong.
<https://www.wicourts.gov/forms1/circuit/index.htm>
Este formulario está disponible en español y hmong.
Daim ntawv no muaj txhais ua lus Spanish thiab lus Hmoob.

STATE OF WISCONSIN, CIRCUIT COURT, _____ COUNTY
[write the county where you are filing]

Case No. _____
[to be completed by clerk]

Petition for Temporary Restraining Order and/or Petition and Motion for Injunction Hearing (Harassment – 30711)

Amended [check this box if you are changing a previously filed Petition]

Person completing this form (Petitioner)	Person against whom you are seeking a restraining order (Respondent)
Your full name: _____ [Your name will appear in the title of the case.]	Respondent's full name: _____
Who is the Person to be Protected? [Choose one] <input type="checkbox"/> Me. {PE} <input type="checkbox"/> Someone else (a child). {CH} [Write their full name] _____	Respondent's street address: _____
Person to be Protected's date of birth: _____	City, state, zip code: _____
	Respondent's date of birth: _____

Do one or both parties require the services of an interpreter? No. Yes.
If yes, which party? _____ What languages _____
[Fill out and file an Interpreter Request/Order, form GF-149]

WHERE TO FILE

Is there a CHIPS (child in need of protection/services) proceeding for the person to be protected? No. Yes.
Is the respondent younger than 18? No. Yes.
[If you said yes to either question, this is a confidential filing that must be filed with the clerk of juvenile court.
If you answered no to both questions, it will not be confidential and must be filed with the clerk of court.]

RELATIONSHIP INFORMATION

The individual at risk is the respondent's [check all that apply]:

<input type="checkbox"/> spouse	<input type="checkbox"/> partner in a dating relationship	<input type="checkbox"/> grandparent
<input type="checkbox"/> former spouse	<input type="checkbox"/> parent (biological/adoptive/step)	<input type="checkbox"/> sibling
<input type="checkbox"/> current/former live-in partner	<input type="checkbox"/> child (biological/adoptive/step)	<input type="checkbox"/> cousin
<input type="checkbox"/> other [Be specific]: _____		

RESPONDENT'S INFORMATION

Sex: _____ Height: _____ Hair color: _____

Race: _____ Weight: _____ Eye color: _____

Respondent has the following distinguishing features [describe scars, marks, tattoos, etc.]:

Respondent has access to weapons.

Type of weapons: _____ Location of weapons: _____

Weapons were involved in an incident involving the person to be protected.

I am aware of the following court cases that address contact between the petitioner and respondent.

[Examples: custody and placement orders in family or juvenile cases, no-contact orders or bond conditions in criminal cases]

Name/type of other case: _____ County and state: _____

Case number: _____ Date of proceeding: _____

What was ordered: _____

PETITION

A. This restraining order petition, under Wis. Stat. 813.125, is based on the following:

1. The following **statement of facts** explains that the respondent has engaged in conduct which is believed to be harassment. Wis. Stat. 813.125 defines **harassment** as: (a) Striking, shoving, kicking or other physical contact; (b) Child abuse under § 48.02(1); (c) Sexual assault under § 940.225; (d) Stalking under § 940.32; or attempts or threat to do same; or (e) Engaging in two or more acts which harass or intimidate the person and which serve no legitimate purpose.

Please explain in your own words any instances when the respondent has engaged in harassment against the person to be protected. **The following information may be helpful to the court in deciding whether to issue a temporary restraining order:** When and where did the harassment occur? How were you affected, such as any physical injuries, fear, feeling or intimidation felt, or other reactions? [You may attach additional pages if you run out of space here.]

B. I want the court to:

- 1. Issue a temporary restraining order (TRO) before the injunction hearing.
- 2. Issue an injunction (restraining order) against the respondent for four years or the following shorter period: _____ . [a hearing will be scheduled]
 - I want the court to schedule an injunction hearing even if the temporary restraining order is denied.

[If you check this box, the respondent may receive a copy of this form and a hearing may be scheduled.

If you do not check it, the respondent will not receive a copy of this form and no hearing will be scheduled.]

- 3. Require the respondent to: [check the applicable boxes in each column; you must check at least one box in the injunction column]

	before the hearing (TRO)	after the hearing (injunction)
<input type="checkbox"/> a. cease or avoid harassing the person to be protected.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> b. avoid the residence of the person to be protected and/or any location temporarily occupied by the person to be protected.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> c. avoid contact that harasses or intimidates the person to be protected. [Contact includes: contact at home, work, school, public places, in person, by phone, in writing, by electronic communication or device, or in any other manner.]	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> d. refrain from removing, hiding, damaging, harming, mistreating, or disposing of a household pet.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> e. allow the petitioner/person to be protected or a family member or household member of the petitioner/person to be protected acting on his/her behalf to retrieve a household pet.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> f. avoid contacting the person to be protected or causing any person other than a party's attorney or law enforcement to contact the person to be protected.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> g. other: [List the other specific behavior you want the respondent to stop doing]	<input type="checkbox"/>	<input type="checkbox"/>

- 4. Grant a fee waiver because:
 - a. the petition alleges conduct that is the same as or similar to conduct that is prohibited under Wis. Stats. § 940.32 [stalking]; or is intentional infliction of physical pain, physical injury or illness; or is an intentional impairment of physical condition; or is a § 940.225(1), (2), or (3) [1st, 2nd, or 3rd degree sexual assault]; or is a violation of § 943.01 [damage to property] involving property that belongs to the individual; or is a threat to engage in the above-mentioned conduct, OR
 - b. the petitioner cannot afford to pay the filing fee and has filed form CV-410A, Petition for Waiver of Fees and Costs – Declaration of Indigency.

- 5. Order the injunction to be 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 person to be protected.
- 6. Order the injunction to be in effect permanently if the court finds the respondent has been convicted of a violation of 1st, 2nd, or 3rd degree sexual assault against the person to be protected.
- 7. Order the wireless telephone service provider to transfer each telephone number used by the person to be protected or a minor child in his/her custody. [If ordered, the provider will transfer all financial responsibility for and right to the use of any telephone number transferred. See form CV-437, Wireless Telephone Transfer Service in Injunction Cases.]
- 8. Direct the sheriff to accompany the person to be protected and assist in placing the person to be protected in physical possession of his/her residence, if requested.
- 9. If the court grants the injunction, the petitioner requests the court:
 - a. **not** order the respondent to surrender his/her firearm(s).
 - 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.

IMPORTANT – SERVICE ON RESPONDENT

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. If a service fee is required by the sheriff under Wis. Stat. § 814.70(1), the petitioner shall pay the fee directly to the sheriff. If the court checks box number 3 under “The Court Orders” section of form CV-406, Temporary Restraining Order and Notice of Injunction Hearing, no service fee is required to be paid to the sheriff.

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.

If the respondent cannot be personally served with form CV-406, Temporary Restraining Order and Notice of Injunction Hearing: Harassment, the respondent can be served by publication using form CV-505, Publication Notice. To do so, the petitioner must:

STEP ONE: file with the court an affidavit stating that service of the respondent by the sheriff or a private process server was unsuccessful because the respondent was avoiding service by concealment or otherwise. The petitioner should get this affidavit from the sheriff or private process server.
AND

STEP TWO: send the Form CV-406, Temporary Restraining Order and Notice of Injunction Hearing: Harassment to the respondent via mail or facsimile and must provide proof of transmission (e.g., certified mail receipt, declaration of mailing or faxing). The mailing or sending of a facsimile may be omitted if the post-office address or facsimile number cannot be ascertained with due diligence.

Remember to sign the final page.

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

Petitioner's signature: ▶ _____

Print or type name: _____

Relationship of Petitioner to
Person to be Protected: _____

Date: _____

DISTRIBUTION:

1. Court
2. Petitioner
3. Person to be Protected
4. Respondent
5. Law enforcement
5. Other: _____