STATE OF SOUTH DAKOTA)	IN CIRCUIT COURT
COUNTY OF)	JUDICIAL CIRCUIT
Petitioner Check here if under 18	TPO NO
-VS-	PETITION AND AFFIDAVIT FOR A PROTECTION ORDER (DOMESTIC ABUSE)
Respondent Check here if under 18	
	above named Petitioner, or the Parent/Legal Guardian of
the minor child Petitioner (the Filer), being duly s	worn upon oath, state and affirm the following:
Protection Order), or a Protected Party (a minor c	ner, Respondent (the person against whom I seek this hild in my custody also victimized by Respondent)—is a County,
(state); Respondent resides in	County,(state); and
any Protected Parties not residing with Petitioner County, (state).	or Respondent, reside in
Petitioner and Respondent. Please attach a copy of county and case number. The person I am asking the Court to restrain from in relation to the Petitioner and any Protected Par (check all that apply): a spouse (married) or a former spouse (divorce)	committing acts of domestic abuse (the Respondent) is, ties: ed); ecently been in one during the past twelve months;
Respondent committed the following act(s) of dor who is related to Respondent) and any Protected I Respondent): (check all that apply): Respondent caused physical harm or bodily in	njury. o'clock(am/pm), o'clock
Respondent attempted to cause physical harm Respondent's actions inflicted fear in Petitiona about to cause physical harm or bodily injury Respondent violated a protection order.	er and/or any Protected Parties that Respondent was

	ailed descr	ription of what hap	opened on the above date:
•			W. 1
Yes L	_ No	Don't Know Don't Know	Was law enforcement called? Was Respondent arrested for this incident?
Yes [Don't Know	Is Respondent in jail?
Yes [Don't Know	Has Respondent violated previous protection orders?
			If so, against whom
Yes [No [Don't Know	Has Respondent been found guilty of violating previous protection orders?
			If so, against whom
			Give the date of the conviction and the
3 7 -		7 D VV	county and state of the conviction
Yes [] No [Don't Know	Does Respondent possess guns or weapons?
Yes [Yes [Yes [No [No [No [Don't Know Don't Know Don't Know	· · · · · · · · · · · · · · · · · · ·

Continued from Page 2					
REQUEST FOR HEARING AND PROTECTION ORDER					
Based upon this Petition and Affidavit in which I truthfurespectfully ask the Court to set a date to hear this matter. Petitioner and any Protected Parties a Protection Order:	•				
1) To Restrain Respondent from acts of abuse and p	hysical harm, mal	king threats of ab	ouse,		
stalking or harassment. 2) To Grant the Protection Order for a period of		tima (no longe	r than 5 years)		
3) To exclude Respondent from Petitioner's residen		_time (no tonge	r man 5 years).		
4) To Order that Respondent shall not come within a		from th	e following		
persons and places:					
A. The Petitioner personally	D (1D (1 1		
B. The following minor children named as oth			names attached		
Name Date of	birth	Relationsh	ıp		
Are any of the children related to the Respon	dent? If so, how?				
C. Petitioner's residence (street/apt)					
` ' '	, (state)_	(zin)			
D. Petitioner's place of employment (street)		(Zip)_			
D. Petitioner's place of employment (street)(city)	, (state)	(zip)			
E. Other places (street/apt)					
(city)	<u>, (state)</u>	(zip)			
(city) (street/apt)	<u>, (state)</u>	(zip)			
(street/apt) (city)_		(zip)	<u> </u>		
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	To Order that Respondent shall pay temporary (If you are requesting support, you must
	provide proof of the monthly income of both parties at the hearing.):
	child support in the amount of \$a month starting on
	and continuing until further order of the Court;
	Child support shall be paid to: Division of Child Support
	Kneip Building
	700 Governors Drive
	Pierre, SD
	57501
	spousal support in the amount of \$a month starting on
	and continuing until further order of the Court.
	Spousal support shall be paid to the Clerk of Courts Office in the county this order was filed.
8)	To Order Respondent receive parenting classes approved or provided by the Department
	of Social Services, SDCL 25-10-5.
9)	Co Order Respondent to obtain counseling as follows:
L 10)	That Respondent be restrained from contact with the Petitioner and any Protected Parties, by
	any direct or indirect means except as authorized by a court order.
<u> </u>	To Order other relief which I believe is necessary for Petitioner's protection and any Protected
	Parties' protection, as follows:
_	
	are requesting an immediate temporary protection order without notice to Respondent and
without Protect	are requesting an immediate temporary protection order without notice to Respondent and an opportunity for Respondent to appear, you must state why you believe Petitioner or any ed Parties will suffer immediate and irreparable injury or damage if you or they have to wait e hearing.)
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loss or damage if not granted an immediate	rected Parties will suffer immediate and irreparable injury, Temporary Protection Order without notifying Respondent an opportunity to be heard. The immediate and irreparable suffered is:
provided in this Petition and Affidavit are tr Petitioner and any Protected Parties are enti-	, I swear or affirm under oath that the information I have ue and correct to the best of my knowledge. I believe tled to the protection I have requested. I am asking for this mpting to harass the person I am seeking protection against court process or any other legal action.
	Your Signature as Filer Only / Petitioner (check one)
Signed and sworn to before me on this	day of
(SEAL)	Notary Public/Deputy Clerk of Courts Commission Expires: