STATE OF MICHIGAN 16TH CIRCUIT COURT MACOMB COUNTY

VERIFIED STATEMENT

CASE NO:

PERSONAL	PROTECTION	ORDEF
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HIDGE

MACOMB COUNTY		PERSONAL P	NOILCI.		JUDGE:		
etitioner's Name			Respon	dent's Name			
treet Address			Street A	Address			
ity State		Zip	City	State			Zip
none Number		Age	Phone	Number			
1. Were you physically assaulted by Did you seek medical attention?							
Do you live (or have you ever lived)) at the same reside	nce with Respon	dent?	NOYES From	n what date	to	
If presently (recently) living with the	e Respondent, who	name(s) is/are or	the lease	or mortgage?			
Who pays the rent or mortgage payn	nent?						
Will Respondent's access to their cu	rrent residence be	affected if enterir	ig onto Pe	titioner's residence is restrie	cted by this Ord	ler? l	NOY
. Marital Status: Married to Re	espondentN	farried to someor	ne else	Divorced Sing	gle Liv	ing with	
. If you are not married to Responden	nt, then how do you	know them? (i.	e. ex-girlfr	iend, ex-husband)			
How long did you date or how long	were you married	to Respondent (i.	e. 3 month	n, 7 years)?			
What date did your relationship end	with Respondent (or when did you	separate)?				
. If there are children (under 18) livin	ng in your home OF	R if you have a ch	uild(ren) in	common with the Respond	dent, please cor	nplete the fo	llowing
formation (if no children please write Name of Child		Child of		Name of Child	Age	Child of	Child of
Name of Clinic	Petitioner	Respondent		Name of Clinic	Age	Petitioner	Responden
1.			4.				
2. 3.			5. 6.				
. Is there a custody or visitation order	currently in effect	regarding child(ren) that y	ou and the Respondent have	e in common?	NO	YES
a. Who has physical custody?	-		-	_ Joint Physical (Petitioner			
b. Who has legal custody?		-		_ Joint Legal (Petitioner &	-	,	
c. Is there currently a visitation agree		-		t is the visitation schedule?	-		
		1L5	••• IId	is the visitation seneduce.			
Do you and the Respondent have an	y prior or current c	ourt cases togeth	er (i.e. PP	O, divorce, criminal, landlo	ord/tenant, etc)?	NO	YE
yes, please list:							
). Have you sought a PPO against so	me other party?	NO	YES If	Yes, who and when?			
1. Has a PPO been issued against you	ı before? N	O YES	If Yes, w	ho and when?			
2. Are you on probation or parole?	NO	YES If Yes, for	what crin	ne and name of probation o	officer:		
3. Is the Respondent on probation or	parole? NC	YES	If Yes, for	what crime and name of p	robation officer	:	
14. Is the Respondent employed as a	a law enforcement of	officer which ma	y require h	im/her to carry a firearm?	NO	YES	
Name of Police Agency?			Na	me and Title of Supervisor	?		
15. Is Respondent in the military?	NO Y	TES					

17. I need a personal protection order because the Respondent did the following things which makes me fear violence or interfere with my freedom: (Start with the most recent incident first.)

A.	DATE & PLACE OF INCIDENT:
	WERE POLICE CONTACTED: YES NO WHO CONTACTED POLICE:
	HOW LONG AFTER INCIDENT WERE POLICE CONTACTED:
	HOW WERE POLICE CONTACTED (i.e. phone, walk-in to station):
	POLICE AGENCY AND COMPLAINT NUMBER:
	IF POLICE WEREN'T CONTACTED, WHY:
	WHAT HAPPENED:

B.	DATE & PLACE OF INCIDENT:
	WERE POLICE CONTACTED: YES NO WHO CONTACTED POLICE:
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	POLICE AGENCY AND COMPLAINT NUMBER:
	IF POLICE WEREN'T CONTACTED, WHY:
	WHAT HAPPENED:

VERIFCIATION UNDER MCR 2.114(2)(B): I DECLARE THE STATEMENTS ABOVE ARE TRUE TO THE BEST OF MY INFORMATION, KNOWLEDGE AND BELIEF. An individual who knowingly and intentionally makes a false statement to the court in support of her or his petition for a personal protection order is subject to the contempt powers of the court. MCLA 600.2950(24);600.2950a(21).

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Signature of Petitioner