Circuit Court of the \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Judicial District,

County of \_\_\_\_\_\_\_\_\_\_\_\_\_, State of Wyoming

**Name:**

*Petitioner,*

**vs. Case No.** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name:**

*Respondent.*

**PETITION FOR** **SEXUAL ASSAULT PROTECTION ORDER**

Under W.S. 7-3-506 through 7-3-512

Please see Sexual Assault Protection Order packet instructions for details regarding acts which constitute sexual assault or sexual abuse of a minor that qualify the Petitioner to seek a Sexual Assault Protection Order. “Sexual Assault” means any act made criminal pursuant to W.S. §6-2-302 and §6-2-303 and §6-2-314 through §6-2-318 or an attempt or conspiracy to commit such act.

1. Petitioner is filing or is filing on behalf of:

* An adult victim of nonconsensual sexual intrusion committed by the Respondent (W.S. §6-2-302 or §6-2-303); or
* A minor victim of nonconsensual sexual intrusion or contact by the Respondent

(W.S. §6-2-314, §6-2-315, §6-2-316 (i-iii), §6-2-317);

* A minor victim who is subjected to immodest, immoral or indecent liberties by the Respondent (W.S. §6-2-316 iv);
* A person less than fourteen (14) years of age or a person purported to be less than the age of fourteen (14) years and was solicited by the Respondent to engage in illicit sexual intrusion (W.S. §6-2-318); or
* A person subject to an attempt or conspiracy by the Respondent to commit any of the above referenced acts.

1. I am filing;

* On behalf of myself and I am 18 years or older.
* On behalf of a minor who is years old. My relationship to the minor is . My name is .
* On behalf of a vulnerable adult defined in W.S. 35-20-102(a)(xviii) or any other adult who because of age, disability, health or inaccessibility, cannot file the petition. My relationship with this adult is . My name is .
* With the consent of the victim and I am a District Attorney or County Attorney.

1. This Court has jurisdiction because:
   * Petitioner resides in the county.
   * Respondent may be found in the county.
2. Respondent’s age is . If the Respondent is under the age of 18, the name of the Respondent’s parent or legal guardian is .
3. Petitioner’s relationship to Respondent is: .

1. If the Petitioner and the Respondent are involved together in a criminal case with the same or similar allegations as set forth herein, please identify the court and case number:

1. An order of protection is being requested because the Respondent did the following acts (describe the acts or series of acts, using specific dates, if possible):

(Attach additional pages if needed.)

**I request this Court order (please check appropriate paragraphs below):**

1. I believe that a clear and present danger of further sexual assault or of serious physical adverse consequences exists. Therefore, I request an *ex parte* temporary order of protection be entered.
2. **I request the Court order the following relief**:

* Restrain Respondent from any further acts of sexual assault or from contacting, harassing, or threatening the victim of the alleged offense and any other person including, but not limited to, members of the victim’s family or household as named below. Contact either directly or indirectly, including, but not limited to, communication verbally in person, communication by telephone or other electronic means, written communication in any form, communication through third persons, and nonverbal communication and gestures. Prohibited contact under this paragraph includes telephone calls, mail, e-mail, texting, fax, contacting through social media using the internet or similar technology and any other form of communication.
* Order Respondent not to contact the following people (state their relationship to the victim and the reason why these individuals need protection):

Order Respondent to stay away from the following locations:

Home

* *Check here if the Petitioner is requesting the Court to order the address of the Petitioner be kept confidential.*

School

Business

Place of employment

* Daycare

Other location (describe)

* Restrain Respondent from attending classes attended by the Petitioner at (school)

; If this relief is requested, it is done so for the following reasons:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Require the Respondent to surrender any firearms or other dangerous weapons and prohibit the Respondent from obtaining or possessing a firearm.

1. I request the following additional relief:

1. Respondent's personal information (put as much information as you know):

Other names used by Respondent

Home Address

Mailing Address (if different)

Employment Address

Date of Birth Gender Race

Age Height Weight Glasses

Hair Color Eye Color Facial Hair

Scars, Tattoos, Other Markings

Respondent's Vehicle Make Year Model

Color State Licensed License Number

Firearms owned or ammunition in possession of Respondent

Dated this \_\_\_\_\_\_\_\_\_\_\_day of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Petitioner**

STATE OF WYOMING )

) ss

COUNTY OF )

Subscribed and sworn to before me this day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_ , by .

Notarial Officer/Court Clerk

My commission expires: