

STATE OF WYOMING ) IN THE CIRCUIT COURT  
 ) ss  
COUNTY OF \_\_\_\_\_ ) \_\_\_\_\_ JUDICIAL DISTRICT

Petitioner: \_\_\_\_\_ , ) Case Number \_\_\_\_\_  
Name of person filing for protection order )  
 )  
vs. )  
 )  
Respondent: \_\_\_\_\_ . )  
Name of person you want to be protected from )

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## PETITION FOR DOMESTIC VIOLENCE ORDER OF PROTECTION

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**UNDER THE WYOMING DOMESTIC VIOLENCE PROTECTION ACT, THE PETITIONER AND THE RESPONDENT MUST BE "HOUSEHOLD MEMBERS" AS SET FORTH IN PARAGRAPH 6, BELOW. THE DEFINITION OF "DOMESTIC ABUSE" IS SET FORTH IN PARAGRAPH 8, BELOW.**

1. **PETITIONER'S LAST NAME, FIRST NAME, MIDDLE INITIAL**

(Print)

**NEXT FRIEND'S LAST NAME, FIRST NAME, MIDDLE INITIAL**

(If you are filing on behalf of a child age 15 or younger, or on behalf of an adult who is disabled, vulnerable, or otherwise unable, write that person's name in the Petitioner box and your name in the Next Friend box. If you are filing for yourself, leave the Next Friend box blank.)

\_\_\_\_\_  
Address (Optional)

\_\_\_\_\_  
City & State (Optional)

\_\_\_\_\_  
Telephone Number (Optional)

☐

**Check here if the Petitioner is asking the Court to order the address or phone number of the Petitioner and any children of the Petitioner and Respondent be kept confidential.**

OTHER NAMES USED BY PETITIONER \_\_\_\_\_  
\_\_\_\_\_

DATE OF BIRTH  RACE  GENDER

HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_ EYE COLOR \_\_\_\_\_ HAIR COLOR \_\_\_\_\_

2. **RESPONDENT'S LAST NAME, FIRST NAME, MIDDLE INITIAL**

(Print)

Address

Mailing Address (if different)

City & State

Telephone Number

DATE OF BIRTH

RACE

GENDER

HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_ EYE COLOR \_\_\_\_\_ HAIR COLOR \_\_\_\_\_

EMPLOYER \_\_\_\_\_

DRIVER'S LICENSE State of Issue \_\_\_\_\_

VEHICLE LICENSE PLATE Number \_\_\_\_\_

VEHICLE LICENSE PLATE State of Issue \_\_\_\_\_

STATE and COUNTRY OF BIRTH \_\_\_\_\_

OTHER NAMES USED BY RESPONDENT \_\_\_\_\_

Describe the Respondent's distinguishing marks, scars, tattoos, and tell where they are located:



Case Name:	Case Number:
County and State:	Judge's Name:
Who was involved? <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> Children	
Type of Case: <input type="checkbox"/> Child Support, Custody, or Divorce <input type="checkbox"/> Criminal Case <input type="checkbox"/> Order of Protection <input type="checkbox"/> Other	
Did the judge make an Order? <input type="checkbox"/> Yes <input type="checkbox"/> No	

4. This Petition is filed pursuant to Wyoming's Domestic Violence Protection Act, W.S. 35-21-101 to 112.

5. I, the above-named Petitioner, am a resident of \_\_\_\_\_ County, State of \_\_\_\_\_.

The acts of domestic abuse set forth in paragraph 9 below took place at the following location(s) (write the city, county, and state):

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6. My relationship with the Respondent is as marked below. Check all that apply:
- ☐ We are married to each other.
  - ☐ We aren't married to each other, but we live together and have a relationship like a married couple.
  - ☐ We used to be married to each other.
  - ☐ We were never married to each other, but we used to live together and have a relationship like a married couple.
  - ☐ I am a parent of the Respondent.
  - ☐ I am 16 years old or older, and I share common living quarters with the Respondent. (For example, you and the Respondent are roommates.)
  - ☐ Respondent and I are parents of a child(ren) but we do not live with each other.
  - ☐ I am 16 years old or older, and the Respondent is my parent.
  - ☐ We are in a dating relationship.
  - ☐ We used to be in a dating relationship.

7. Respondent and I are parents/guardians of the following minor children:

Child's Name (first, middle, last) :		
Date of Birth:	Race:	Gender:
Name of the person the child lives with:	That person's relationship to the child:	Address where the child lives:  Leave blank if address is confidential.

Child's Name (first, middle, last) :		
Date of Birth:	Race:	Gender:
Name of the person the child lives with:	That person's relationship to the child:	Address where the child lives:  Leave blank if address is confidential.

Child's Name (first, middle, last) :		
Date of Birth:	Race:	Gender:
Name of the person the child lives with:	That person's relationship to the child:	Address where the child lives:  Leave blank if address is confidential.

Child's Name (first, middle, last) :		
Date of Birth:	Race:	Gender:
Name of the person the child lives with:	That person's relationship to the child:	Address where the child lives:  Leave blank if address is confidential.

8. Under W.S. 35-21-102(a)(iii) "Domestic abuse" means the occurrence of one or more of the following acts by a household member but does not include acts of self defense:

(A) Physically abusing, threatening to physically abuse, attempting to cause or causing physical harm or acts which unreasonably restrain the personal liberty of any household member;

(B) Placing a household member in reasonable fear of imminent physical harm; or

(C) Causing a household member to engage involuntarily in sexual activity by force, threat of force or duress.

Please describe what happened. Include the date or your best estimate of the date when it happened. If there have been multiple acts of violence, please start with the most recent one and then describe the other situations. ATTACH ADDITIONAL SHEETS IF NEEDED.

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9. If weapons of any kind were used during the incidents described above, explain which weapons and how they were used. If threats about weapons were made, include that information too.

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10. List all firearms and ammunition possessed by the Respondent. If you know where the firearms or ammunition are kept, give that information too.

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11. The Court may issue an Ex Parte Order of Protection. (That's a temporary Order that can be granted before the Court hears from the Respondent.) The Court will schedule a hearing. That's when the judge will decide whether to issue an Order of Protection, which will be in effect for longer.  
You can ask the Court for certain kinds of relief to be included in the Ex Parte Order of Protection and the Order of Protection. Check all that apply:

- A**            **Personal Conduct** – Order the Respondent not to commit, try to commit or threaten to commit any form of violence against me. This includes stalking, harassing, threatening, physically hurting, or causing any other form of abuse.
- B**            **No Contact** – Order the Respondent not to contact, phone, mail, e-mail, or communicate with me in any way, either directly or indirectly, including electronically, except as allowed by the visitation provisions of the temporary protection order.
- C**            **Medical Expenses** – Order the Respondent to pay medical costs incurred by me as a result of the abuse inflicted by the Respondent. (Bring medical bills if available. Attach pages, if necessary).
- D**            **Stay Away** – Order the Respondent to stay away from:
- a. Stay at least \_\_\_\_\_ (distance) from me.
- b. Stay away from my

Home:

☐ I will submit the home address confidentially.

OR

☐ I will list the home address here:

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(address)

Work:

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(address)

The Respondent    does    does not    work at the same place as me.

School or Childcare:

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(address)

The Respondent    does    does not    go to the same school as me.

Place of worship:

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(address)

The Respondent    does    does not    attend the same place of worship  
as me.

If the Respondent works at the same place, goes to the same school, or attends the same place of worship as you, the Court cannot order the Respondent to stay away from that place. Give information the Court should consider about interactions with the Respondent in those settings.

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- c. Stay away from the minor child(ren) listed in paragraph 7 of this form at their:

Home:

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(address)

Work:

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(address)

The Respondent    does    does not    work at the same place as the minor child(ren) listed in paragraph 7 of this form.

School or Childcare:

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(address)

The Respondent    does    does not    go to the same school as the minor child(ren) listed in paragraph 7 of this form.

Place of worship:

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(address)

The Respondent    does    does not    attend the same place of worship as the minor child(ren) listed in paragraph 7 of this form.

d. Other (explain):

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**E**      **No Guns or Weapons** – Order the Respondent not to use, possess, have, or buy a gun or firearm or ammunition or any of these weapons:

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**F**      **Property Control** – Order the Respondent not to give away, sell, hide, encumber (for example, pawn or take a loan against), or otherwise get rid of my property or property accumulated by us jointly, while we were married and/or living together.

**G**      **Property Control** – Order that only I can use, control and possess the following:

[      a. Home:

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(address)

[      b. Car, truck or other essential personal belongings (*describe*):

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**H                      Property Control – Order the Respondent**

Not to interfere with or change my phone, utility, or other services.

To maintain existing wireless phone contracts or accounts without transferring them.

**I                      Property Control – Order the Respondent to provide me with suitable alternative housing.**

**J                      Pets –**

Order the Respondent not to kill, physically injure, or threaten to kill or injure a household pet that is:

- a. Owned or kept by me.
- b. Owned or kept by the Respondent.

Grant me sole possession of the following household pets (name and description):

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(Household pet is defined in W.S. 6-3-1001(a)(ii). This does not include livestock as defined in W.S. 23-1-102(a)(xvi).)

**K                      Transfer Wireless Phone Number(s) – Order the Respondent and the wireless service provider to transfer current wireless phone number(s) for me or a minor child named above to a new account of my choice.**

- The Respondent is the account holder for the following wireless phone number(s):  
  

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- The number(s) are assigned to phones that are primarily used by me or by people who will live with me while the protective order is in effect.
- I will have full financial responsibility for each wireless phone number, beginning on the day of transfer. This includes monthly service costs and costs for any mobile device associated with the wireless phone number(s).
- I understand that a wireless service provider may apply standard requirements for account establishment to me when transferring financial responsibility.

**L                      Child Custody and Visitation Orders –**

Give temporary custody of the minor children I share with the Respondent to me

\_\_\_\_\_  
(name of person other than the Respondent)

Give the Respondent visitation as follows: \_\_\_\_\_

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

If you asked for a No Contact Order above, who do you want to communicate with the Respondent regarding your children?

Name: \_\_\_\_\_

**Note:** If you have custody or visitation orders from another court, please attach those or bring them to your hearing.

**M Children** – Order the Respondent not to abduct, remove, or conceal the child(ren) from me.

**N No Alcohol or Drugs** – Order the Respondent not to use alcohol or illegal drugs before or during visitation.

**O Supervised Visitation** – Provide the Respondent with supervised visitation as follows. List name and phone number of supervising agency or person:

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

**P Travel Restrictions** – Order the Respondent not to take the children listed above out of the state of Wyoming.

**Q Child Support, Spousal Support and other Expenses** – Order the Respondent to:

[ a. Pay \$ \_\_\_\_\_ each month in child support.

[ b. Pay \$ \_\_\_\_\_ each month in spousal support.

[ c. Pay \_\_\_\_\_% of the minor children’s childcare expenses.

[ d. Pay \_\_\_\_\_% of the minor children’s medical expenses, including premiums, deductibles, and co-payments.

[ Check this box if child support has been determined by another court.

**R Attorney Fees** – Order the Respondent to pay my attorney fees.

**S Appoint Attorney** – If possible, appoint an attorney to represent me under Wyoming Statute 35-21-103(e).

**T Other Assistance Needed** – Explain any other instructions that could help protect you and the children listed on this form. \_\_\_\_\_

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

12. After this Petition is filed, the Court will schedule a hearing. You are **REQUIRED** to

