THE SUPERIOR COURT FOR THE COUNTY OF _____

STATE OF GEORGIA

?	:
Petitioner,	: Civil Action File
	:
V.	:
	: No
;	:
Respondent.	:

PETITION FOR STALKING TEMPORARY PROTECTIVE ORDER

The Petitioner, pursuant to O.C.G.A. § 16-5-94, hereby files this Petition for a Stalking Temporary Protective Order and in support shows the Court the following:

- 1. The Petitioner is a resident of _____ County, Georgia and is over the age of 18 years of age or is an emancipated minor. Petitioner's year of birth is _____, sex ____, and race _____.
- 2. The Respondent is a resident of ______, Georgia, and may be served at ______, County, Georgia.

OR

- 2.1 Respondent is a resident of the State of ______. Under O.C.G.A. §§19-13-2(b) and 16-5-94(b) jurisdiction and venue are proper with this Court because the stalking occurred in the State of Georgia in ______ County and/or Petitioner lives in ______ County. Respondent is subject to the jurisdiction of this Court and may be served at ______
- 3. On or about ______, 20___, the Respondent has knowingly and willfully committed the following acts of stalking under O.C.G.A. §§ 16-5-90 et seq.

_____.

and similar events may occur in the future. These acts had no legitimate purposes, happened at places other than the residence of the Respondent, were without the consent of the Petitioner, and placed Petitioner in reasonable fear for her/his own safety and/or the safety of her/his immediate family.

4. In the past on or about ______, 20____, the Respondent committed the following acts of stalking under O.C.G.A § 16-5-90 et seq.

THEREFORE, Petitioner requests:

- (a) That the Court set a hearing within thirty (30) days of the signing of the Order and to direct Respondent to appear before this Court and to show any reasons why the demands of the Petitioner should not be granted;
- (b) That the Respondent be served a copy of this Petition and Ex Parte Protective Order as required by law;
- (c) That this Court direct law enforcement to enforce this Order;
- (d) That this Court direct Respondent to stop abusing, harassing and intimidating Petitioner's child/ren;
- (e) That this Court restrain and enjoin Respondent from having any direct or indirect contact with the petitioner and/or Petitioner's child/ren;
- (f) That this Court order that Respondent be enjoined from approaching within _____ yards of Petitioner;
- (g) That this Court make findings of fact and conclusions of law concerning the issues in this case;
- (h) That Petitioner have such other and further relief as the Court may deem just and proper;
- (i) That this Court issue a Stalking Act Ex Parte and Twelve Month Protection Order; and
- (j) That this Court grant such other relief as it determines just and equitable.

Respectfully submitted,

Petitioner

Address

Telephone:

(Do not give current address if confidential; give alternative address)

THE SUPERIOR COURT FOR THE COUNTY OF _____

STATE OF GEORGIA

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V.	: No
Respondent.	

VERIFICATION

Personally appeared ______, who being duly sworn states that she/he is the Petitioner in the above styled case and that the facts set forth in the foregoing Petition for Stalking Temporary Protective Order are true and correct.

Petitioner

Sworn and subscribed before me this _____ day of _____, 20___.

NOTARY PUBLIC My commission expires:

CIVIL ACTION FILE NO.

Please note: This form has been provided by the Georgia Legal Services Program and can be used to petition for a Temporary Stalking Protective Order. This petition has not been adopted by the Council of Superior Court Judges as an official state form.

Pursuant to O.C.G.A. § 19-13-3, Petitioner assisted by Name: _____

Address: _____

Phone: _____

CONFIDENTIAL INFORMATION FORM - ATTENTION COURT STAFF: THIS PAGE IS A RESTRICTED-ACCESS DOCUMENT. This document is not accessible to the public or to other parties.

RESPONDENT'S IDENTIFYING FACT SHEET (please complete as much as possible; one of these must be provided to have the order placed in the National Crime Information Center registry: Respondent's date of birth OR social security number)				
Respondent's social security number is	, date of birth is, sex, color			
of hair, color of eyes	, height, weight Respondent's race			
is, ethnic background	Respondent has distinguishing marks (tattoos, scars,			
etc.) Respondent	drives a, license tag			
no:(Expires:) and has a	_(state) driver's license no:(Expires:).			
Respondent's home address	and is employed			
by at	and works from to on			
(days) Respondent has the follo	owing known aliases:			

PROTECTED PARTIES' IDENTIFYING INFORMATION					
Petitioner:	DOB	sex	race		
Other:	DOB	sex	race		
Other:	DOB	sex	race		
Other:	DOB	sex	race		
Other:	DOB	sex	race		

Rev'd 1/17