

Ohio Supreme Court Forms For  
**FILING FOR A DOMESTIC VIOLENCE CIVIL PROTECTION ORDER**

**CAUTION:** Civil Protection Order cases affect important rights and involve difficult legal concepts, including custody. If you can afford an attorney, it would be reckless to proceed without one. You can contact your local Legal Aid office to determine if you are eligible for services.

Remember, the opposing party's attorney does not represent you and you should not rely upon them for advice or explanations.

This packet is designed to help someone interested in filing for a Domestic Violence Civil Protection Order (DVCPO). This packet only provides the Ohio Supreme Court forms. You may need additional Ohio Supreme Court forms which can be found on its website:

[https://www.supremecourt.ohio.gov/JCS/domesticViolence/protection\\_forms/DVForms/default.asp](https://www.supremecourt.ohio.gov/JCS/domesticViolence/protection_forms/DVForms/default.asp).

You may also need local forms which you can find at your local law library and/or the Clerk of Court's office in your county's Court of Common Pleas.

**Who Can File:** You can file for a DVCPO if you are considered a family or household member of the other person. A family or household member is defined by Ohio Revised Code § 3113.31(A)(3). A family or household members includes, but is not limited to, any of the following, **AS LONG AS** you and the other person lives or has lived together:

- Spouses
- Former Spouses
- Person living as a spouse (partners) within the past five years
- Parent – Child Relationship
- Foster Parent – Foster Child Relationship
- Any other close blood or marital relationship

You can also file for a DVCPO if you share a biological child with the other person, regardless of whether you have ever resided together.

**What To Prove:** Typically, to receive a CPO you have to prove *recent* “domestic violence” as defined by Ohio Revised Code § 3113.31(A)(1) which includes any of the following:

- physical domestic violence
- direct threats of imminent physical harm
- stalking
- aggravated trespass
- any act that results in a child that has been abused; and/or sexually oriented offenses.

**Where To File:** In Ohio, you can file for a DVCPO (1) in the county you live in, (2) the county the other person lives in, or (3) a county you have fled to. You should file this packet in the county's Family Court/Domestic Relations Division, if it has one, or the Court of Common Pleas.

By providing these forms, the Legal Aid Society of Columbus and Southeastern Ohio Legal Services, and the attorneys who are on its staff, have **NOT** agreed to represent you and **will not** be available to answer your questions regarding these forms. If you need help, you should contact your local domestic violence shelter. You can locate your local shelter at <https://www.odvn.org/find-help/>.

Forms for a DVCPO	
Form Name	Purpose
<b>Petition for Domestic Violence Civil Protection Order (R.C. 3113.31)</b> (10.01-D)	This form is required. This form is used to explain to the Court that (1) you want a DVCPO, (2) why you think you need the DVCPO, and (3) what you are asking the Court to do.
<b>Protection Order Notice to NCIC</b> (10-A)	This form is required in some courts, but not all. We suggest you complete this form to the best of your ability and bring it with you to court in case it is required in your county.
<b>Information for Parenting Proceeding Affidavit (R.C. 3127.23 A)</b> (10.01-F)	This affidavit is required only if you are seeking an emergency custody order of a shared child. This affidavit asks for important information regarding the child(ren), prior custody cases, their residences, and the adults responsible for them. This is an affidavit that must be notarized; <b><u>do not sign it until you are in front of a notary public.</u></b>  <b><u>CAUTION:</u></b> If you have a shared child filing for a CPO can affect custody rights. <b><u>You should speak to an attorney before you file.</u></b>
<b>Information About Filing a Domestic Violence or Dating Violence Civil Protection Order</b> (10.01-C)	This form is not required to file. This is an informational pamphlet created by the Ohio Supreme Court explaining what a DVCPO is and when it is appropriate.
<b>How to Complete a Protection Order Notice to NCIC</b> (10-B)	This form is not required to file. This is an informational pamphlet created by the Ohio Supreme Court explaining what a NCIC is and how to complete it for Court.

Ohio Legal Help has an online program that helps you complete these forms in certain situations. For assistance in completing these forms, you can go to <https://www.ohiolegalhelp.org>.

IN THE \_\_\_\_\_ COURT  
COUNTY, OHIO

Petitioner \_\_\_\_\_

Case No. \_\_\_\_\_

Address (Safe mailing address) \_\_\_\_\_

Judge/Magistrate \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**PETITION FOR DOMESTIC VIOLENCE CIVIL  
PROTECTION ORDER (R.C. 3113.31)**

v. \_\_\_\_\_

Respondent \_\_\_\_\_

Address (If home address unknown, put work  
address) \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

☐ Respondent is 18 years old or older

**IF YOU ARE ASKING FOR YOUR ADDRESS TO BE KEPT CONFIDENTIAL, PLEASE PUT A MAILING ADDRESS WHERE YOU CAN SAFELY RECEIVE MAIL. IF YOU ARE A PARTICIPANT IN THE SECRETARY OF STATE'S ADDRESS CONFIDENTIALITY PROGRAM, PLEASE USE THE P.O. BOX ADDRESS GIVEN TO YOU. THIS FORM IS A PUBLIC RECORD.**

- ☐ 1. I need or witness needs a foreign language interpreter in \_\_\_\_\_ or an American Sign Language interpreter per Sup.R. 88.
- ☐ 2. I ☐ want ☐ do not want an **ex parte (emergency) protection order** per R.C. 3113.31. Petitioner further requests a full hearing trial be scheduled, even if the *ex parte* protection order is granted, denied, or not requested.
- ☐ 3. Who needs protection?
- ☐ Me
  - ☐ My minor children
  - ☐ A family or household member who is not a minor child
  - ☐ Other \_\_\_\_\_
4. What is the domestic violence victim's relationship to Respondent?
- ☐ Spouse of Respondent
  - ☐ Former spouse of Respondent
  - ☐ Natural parent of Respondent's child
  - ☐ Child of Respondent
  - ☐ Parent of Respondent
  - ☐ Foster Parent

now cohabiting;  
or cohabited within five years before the  
alleged act of domestic violence

- | NAME | DATE OF BIRTH | RELATIONSHIP TO PETITIONER | RELATIONSHIP TO RESPONDENT | THIS PERSON LIVES WITH PETITIONER                        |
|------|---------------|----------------------------|----------------------------|--|
|      |               |                            |                            | <input type="checkbox"/> YES <input type="checkbox"/> NO |
|      |               |                            |                            | <input type="checkbox"/> YES <input type="checkbox"/> NO |
|      |               |                            |                            | <input type="checkbox"/> YES <input type="checkbox"/> NO |
|      |               |                            |                            | <input type="checkbox"/> YES <input type="checkbox"/> NO |

- You must describe Respondent's threats or actions that made you request a protection order, including if children were present when the acts took place. When did it happen? (If you do not know exact dates, give approximate dates). Explain why you believe you or your family or household members are in danger. If you need more space, attach an additional page.**

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

7. (Optional) You may describe, **if you want and know**, about any of the following items. Not describing these items in the Petition does not mean domestic violence did not happen. If you need more space, attach an additional page:

Respondent's history of domestic violence or other violent acts;  
Respondent's history of violating court orders;  
Respondent's mental health;  
Respondent's threats to other persons;  
Respondent's access to deadly weapons, firearms, and ammunition or use of deadly weapons and acts or threats of violence with deadly weapon;  
Respondent's abuse of alcohol or controlled substances (drugs);  
Respondent's violence resulted in serious physical injury, forced sex, strangulation (or choking), abuse during pregnancy, abuse of the family's pet, and/or forced entry to gain access to Petitioner or Petitioner's family and household members;  
Recent separation from Respondent or relationship was recently terminated;  
Respondent's obsessive and controlling behaviors, including stalking, spying, following, and/or isolating you (Petitioner);  
Respondent's threats to kill self or others.

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8. Petitioner is in fear and in continuing danger.
9. Petitioner further requests that the Court grant relief under R.C. 3113.31 to protect Petitioner and/or the family or household members named in this Petition from domestic violence by granting a civil protection order that (check all boxes that apply):

☐ (a) Directs Respondent to not abuse Petitioner and the family or household members named in this Petition by harming, attempting to harm, threatening, following, stalking, harassing, forcing sexual relations upon them, or by committing sexually oriented offenses against them.

☐ (b) Directs Respondent to not enter, approach, or contact by any means the residence, school, business, and place of employment of Petitioner and the family or household members named in this Petition.

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☐ (c) Directs Respondent to not approach or have contact by any means with Petitioner and the family or household members named in this Petition.

☐ (d) Directs Respondent to leave, not return to, or interfere with Petitioner's right to occupy the residence, including but not limited to cancelling any utilities or insurance or interrupting phone service, mail delivery, or the delivery of any other documents or items, and grants Petitioner exclusive possession of the following residence:

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- ☐ (e) Allocates temporary parental rights and responsibilities for the care of the following minor children to Petitioner until further Order of the Court (include names and birth dates of the minor children):

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

- ☐ Petitioner has completed and attached the **Information for Parenting Proceeding, Form 10.01-F** and it is incorporated herein.

- ☐ (f) Establishes or modifies parenting time with the following minor children and requires parenting time to be suspended or supervised or to occur under such conditions that the Court determines will ensure the safety of Petitioner and the minor children (include names and birth dates of the minor children):

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

- ☐ Petitioner has completed and attached the **Information for Parenting Proceeding, Form 10.01-F** and it is incorporated herein.

- ☐ (g) Directs Respondent to provide financial support for Petitioner and the family or household members named in this Petition (Court may request additional information).

- ☐ (h) Directs Respondent to not remove, damage, hide, harm, or dispose of any property, companion animals, or pets owned or possessed by Petitioner.

- ☐ (i) Grants Petitioner permission to take Petitioner's companion animals or pets, as described below, away from the possession of Respondent:

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

- ☐ (j) Divides household and family personal property as follows:

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

- ☐ (k) Directs Respondent to permit Petitioner to have exclusive use of the following motor vehicle:

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

- ☐ (l) Directs Respondent to complete batterer counseling, substance abuse counseling, or other treatment or intervention as determined necessary by the Court.

- ☐ (m) Directs the wireless service provider to separate Petitioner's account from Respondent's account, per R.C. 3113.45 through 3113.459. Petitioner will assume all financial responsibility for any costs associated with the wireless service number and any costs for the device associated with the wireless service number.

Respondent's billing telephone number is: \_\_\_\_\_

Petitioner's contact information is on page 1 of this Petition. The wireless service numbers to be transferred to Petitioner which are used by Petitioner or the minor children in the care of Petitioner are: \_\_\_\_\_

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

☐ (n) Includes the following additional provisions:

10. Petitioner further requests that the Court issue no mutual protection orders or other orders against Petitioner unless all of the conditions of R.C. 3113.31(E)(4) are met.
11. Petitioner further requests that if Petitioner has a victim advocate, the Court permit the victim advocate to accompany Petitioner at all stages of these proceedings as required by R.C. 3113.31(M).
12. Petitioner further requests at the *ex parte* hearing or full hearing that the Court grant such other relief as the Court considers equitable and fair, including orders or directives to law enforcement.
13. Petitioner has listed court cases (including divorce, custody, visitation, paternity, child support, children service/CPS case, animal cruelty, sexually oriented offense, no contact order, and protection order) and other legal matters regarding Respondent that may relate to this case: (Attach additional pages, if necessary.)

CASE NAME	CASE NUMBER	COURT/COUNTY	TYPE OF CASE	RESULT OF CASE

The information above is true, complete, and accurate to the best of my knowledge. I understand that knowingly providing false information in this document may result in a contempt of court finding against me which could result in a jail sentence and fine, or criminal penalties under R.C. 2921.13.

SIGNATURE OF PETITIONER

DATE

IF YOU DO NOT HAVE AN ATTORNEY, PLEASE LEAVE THE INFORMATION BELOW BLANK.

Signature of Attorney

Attorney's Registration Number

Name of Attorney

Attorney's Telephone

Attorney's Address

Attorney's Fax

City, State, Zip Code

Attorney's Email

IN THE COURT OF COMMON PLEAS

COUNTY, OHIO

Petitioner

Case No.

v.

Judge/Magistrate

Respondent

REQUEST FOR SERVICE

TO THE CLERK OF COURT:

Pursuant to Civ.R. 65.1(C)(2), please serve Respondent a copy of the Petition, *ex parte* protection order, if granted, and any other accompanying documents to the address below and as follows:

☐ Personal service

☐ Certified Mail, Return Receipt Requested

☐ Other (specify)

☐ Other (address):

☐ Personal service

☐ Certified Mail, Return Receipt Requested

☐ Other (specify)

SPECIAL INSTRUCTIONS TO SHERIFF:

SIGNATURE OF ATTORNEY OR PETITIONER

RETURN OF SERVICE

Respondent was served on

Officer and Badge Number

Law Enforcement Agency

Date

CLERK'S CERTIFICATE OF MAILING

Service of Process was sent by this day of

Attest:

Deputy Clerk



**PROTECTION ORDER NOTICE TO NCIC (Required fields appear in bold print)**

- ☐ Initial NCIC Form
 ☐ Amended NCIC Form
 ☐ Removal from NCIC  
☐ Service Completed (Law Enforcement Agency: If unchecked, presume Service Unknown)

Pursuant to Rules 10.01, 10.02, 10.03, and 10.05 of the Rules of Superintendence for the Courts of Ohio, this information shall be promptly entered into the National Crime Information Center index.

**SUBJECT NAME**

(LAST) \_\_\_\_\_ (FIRST) \_\_\_\_\_ (M.I.) \_\_\_\_\_

ADDRESS \_\_\_\_\_  
(STREET) \_\_\_\_\_ (CITY) \_\_\_\_\_ (STATE) \_\_\_\_\_ (ZIP) \_\_\_\_\_

PHYSICAL DESCRIPTION: HGT \_\_\_\_\_ WGT \_\_\_\_\_ HAIR \_\_\_\_\_  
EYES \_\_\_\_\_ RACE \_\_\_\_\_ SEX ☐ M ☐ F

**NUMERICAL IDENTIFIER (NOTE: Only ONE of the 4 numerical identifiers is needed.)**

1. SSN \_\_\_\_\_ - - - - - 2. DOB \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
3.\* DRIVER'S LIC. NO. \_\_\_\_\_ STATE \_\_\_\_\_ EXPIRATION YR. \_\_\_\_\_  
4.\* VEHICLE LIC. NO. \_\_\_\_\_ STATE \_\_\_\_\_ EXPIRATION YR. \_\_\_\_\_

(\* If #3 or #4 is used as a numerical identifier, entire line MUST be completed.)

**BRADY DISQUALIFIERS:**

Pursuant to 18 U.S.C. 922(g)(8), a "yes" response to all three Brady questions disqualifies the subject from purchasing or possessing any firearms, including a rifle, pistol, revolver, or ammunition.

- Does the Order protect an intimate partner or child(ren)? ☐ YES ☐ NO
- Did the subject have notice of the hearing and opportunity to participate in the hearing regarding the Order? ☐ YES ☐ NO
- Does the Order find the subject a credible threat or explicitly prohibit physical force? ☐ YES ☐ NO

CASE / ORDER NO. \_\_\_\_\_ (15 DIGIT MAXIMUM) Is order term of probation/ community control? ☐ YES ☐ NO  
COURT ORIGINATING AGENCY IDENTIFIER \_\_\_\_\_ (9 DIGIT ORI ASSIGNED BY NCIC)

NAME OF JUDGE/MAGISTRATE \_\_\_\_\_

DATE OF ORDER \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ EXPIRATION OF ORDER \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(IN R.C. 2919.26 AND 2903.213 CASES, "NONEXP" MAY BE USED)

**TERMS AND CONDITIONS OF ORDER (Mark all that are applicable):**

- ☐ 01 The subject is restrained from assaulting, threatening, abusing, harassing, following, interfering, or stalking the protected person and/or the child(ren) of the protected person.
- ☐ 02 The subject shall not threaten a member of the protected person's family or household.
- ☐ 03 The protected person is granted exclusive possession of the residence or household.
- ☐ 04 The subject is required to stay away from the residence, property, school, or place of employment of the protected person or other family or household member.
- ☐ 05 The subject is restrained from making any communication with the protected person, including but not limited to, personal, written, or telephone contact, or their employer, employees, or fellow workers, or others with whom the communication would be likely to cause annoyance or alarm the victim.
- ☐ 06 The subject has visitation or custody rights of the child(ren) named in this Order.
- ☐ 07 The subject is prohibited from possessing and/or purchasing a firearm or other weapon as identified in the Miscellaneous Field.
- ☐ 08 See the Miscellaneous Field for comments regarding the specific terms and conditions of this Order.  
Miscellaneous comments: \_\_\_\_\_
- ☐ 09 The protected person is awarded temporary exclusive custody of the child(ren) named.

OHP  
DATA

ONLY

#EPO

Subject's Name \_\_\_\_\_

Case/Order No. \_\_\_\_\_

**LIST ALL PROTECTED PERSONS** (Total of 9 allowed. **SSN is NOT necessary if DOB is given.**)**PROTECTED PERSON**

(LAST) \_\_\_\_\_ (FIRST) \_\_\_\_\_ (M.I.) \_\_\_\_\_  
 DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ SSN \_\_\_\_-\_\_\_\_-\_\_\_\_ RACE \_\_\_\_\_  
 SEX ☐ M ☐ F

**PROTECTED PERSON**

(LAST) \_\_\_\_\_ (FIRST) \_\_\_\_\_ (M.I.) \_\_\_\_\_  
 DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ SSN \_\_\_\_-\_\_\_\_-\_\_\_\_ RACE \_\_\_\_\_  
 SEX ☐ M ☐ F

**PROTECTED PERSON**

(LAST) \_\_\_\_\_ (FIRST) \_\_\_\_\_ (M.I.) \_\_\_\_\_  
 DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ SSN \_\_\_\_-\_\_\_\_-\_\_\_\_ RACE \_\_\_\_\_  
 SEX ☐ M ☐ F

**PROTECTED PERSON**

(LAST) \_\_\_\_\_ (FIRST) \_\_\_\_\_ (M.I.) \_\_\_\_\_  
 DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ SSN \_\_\_\_-\_\_\_\_-\_\_\_\_ RACE \_\_\_\_\_  
 SEX ☐ M ☐ F

**PROTECTED PERSON**

(LAST) \_\_\_\_\_ (FIRST) \_\_\_\_\_ (M.I.) \_\_\_\_\_  
 DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ SSN \_\_\_\_-\_\_\_\_-\_\_\_\_ RACE \_\_\_\_\_  
 SEX ☐ M ☐ F

**PROTECTED PERSON**

(LAST) \_\_\_\_\_ (FIRST) \_\_\_\_\_ (M.I.) \_\_\_\_\_  
 DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ SSN \_\_\_\_-\_\_\_\_-\_\_\_\_ RACE \_\_\_\_\_  
 SEX ☐ M ☐ F

**PROTECTED PERSON**

(LAST) \_\_\_\_\_ (FIRST) \_\_\_\_\_ (M.I.) \_\_\_\_\_  
 DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ SSN \_\_\_\_-\_\_\_\_-\_\_\_\_ RACE \_\_\_\_\_  
 SEX ☐ M ☐ F

**PROTECTED PERSON**

(LAST) \_\_\_\_\_ (FIRST) \_\_\_\_\_ (M.I.) \_\_\_\_\_  
 DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ SSN \_\_\_\_-\_\_\_\_-\_\_\_\_ RACE \_\_\_\_\_  
 SEX ☐ M ☐ F

**PROTECTED PERSON**

(LAST) \_\_\_\_\_ (FIRST) \_\_\_\_\_ (M.I.) \_\_\_\_\_  
 DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ SSN \_\_\_\_-\_\_\_\_-\_\_\_\_ RACE \_\_\_\_\_  
 SEX ☐ M ☐ F

Authorized by (signature): \_\_\_\_\_

Judge/Magistrate (circle one)

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

IN THE \_\_\_\_\_ COURT  
\_\_\_\_\_, COUNTY, OHIO

Petitioner \_\_\_\_\_

Case No. \_\_\_\_\_

Judge: \_\_\_\_\_

v. \_\_\_\_\_

Respondent \_\_\_\_\_

**INFORMATION FOR PARENTING  
PROCEEDING AFFIDAVIT (R.C. 3127.23)**

**(Filed with Form 10.01-D: Petition for  
Domestic Violence Civil Protection Order)**

Use this form if you are requesting a parenting (custody or visitation) order in your Domestic Violence Civil Protection Order Petition (Form 10.01-D). If another court is already addressing or has addressed custody issues involving the children, custody and visitation issues may be handled in that case. By law, this form **must** be filed and served with the first pleading filed by each party in every parenting (custody or visitation) proceeding in this Court including a Petition for a Domestic Violence Civil Protection Order. **If you need more space, attach an additional page.**

I (full legal name) \_\_\_\_\_,  
state under oath or affirmation that these cases involve the custody of a child or children and the following statements are true:

1. ☐ Pursuant to R.C. 3127.23(D), I am requesting that the Court not disclose my current address or that of the children. My address is confidential and should be placed under seal because my health, safety, or liberty or that of the children would be jeopardized by the disclosure of the identifying information.
2. \_\_\_\_\_ (number) Minor children are subject to this case as follows:

(NOTE: Provide residence information for the last FIVE years.)

a. Child's Name:		Date of Birth:	
Period of Residence		Address (Do not list your address if confidential)	Person with whom Child Lived and Relationship to Child

Case No. \_\_\_\_\_

	<input type="checkbox"/> Address Confidential		
to present	<input type="checkbox"/> Secretary of State Address Confidentiality Program		
	<input type="checkbox"/> Address Confidential		
to	<input type="checkbox"/> Secretary of State Address Confidentiality Program		
	<input type="checkbox"/> Address Confidential		
to	<input type="checkbox"/> Secretary of State Address Confidentiality Program		
	<input type="checkbox"/> Address Confidential		
to	<input type="checkbox"/> Secretary of State Address Confidentiality Program		
<b>b. Child's Name:</b>		<b>Date of Birth:</b>	
<input type="checkbox"/> Check this box if the information requested below is the same as above.			
<b>Period of Residence</b>		<b>Address (Do not list your address if confidential)</b>	<b>Person with whom Child Lived and Relationship to Child</b>
	<input type="checkbox"/> Address Confidential		
to present	<input type="checkbox"/> Secretary of State Address Confidentiality Program		
	<input type="checkbox"/> Address Confidential		
to	<input type="checkbox"/> Secretary of State Address Confidentiality Program		

Case No. \_\_\_\_\_

	<input type="checkbox"/> Address Confidential		
to	<input type="checkbox"/> Secretary of State Address Confidentiality Program		
	<input type="checkbox"/> Address Confidential		
to	<input type="checkbox"/> Secretary of State Address Confidentiality Program		

c. Child's Name:		Date of Birth:	
<input type="checkbox"/> Check this box if the information requested below is the same as above.			
Period of Residence		Address (Do not list your address if confidential)	Person with whom Child Lived and Relationship to Child
to present	<input type="checkbox"/> Address Confidential		
	<input type="checkbox"/> Address Confidential		
to	<input type="checkbox"/> Secretary of State Address Confidentiality Program		
	<input type="checkbox"/> Address Confidential		
to	<input type="checkbox"/> Secretary of State Address Confidentiality Program		
	<input type="checkbox"/> Address Confidential		
to	<input type="checkbox"/> Secretary of State Address Confidentiality Program		
	<input type="checkbox"/> Address Confidential		
to	<input type="checkbox"/> Secretary of State Address Confidentiality Program		

- d. List additional children on a page titled **Attachment 2(d)**. (Provide the following information for each additional child: name, date of birth, person with whom the child lived and child's relationship to the person, address, unless confidential, and dates when the child lived in that place with that person.)

Case No. \_\_\_\_\_

**3. Participation in custody case(s): (check only one)**

- ☐ I **HAVE NOT** participated as a party, witness, or in any capacity in any other case, in this or any other state, concerning the custody of or visitation (parenting time) with any child subject to this case.
- ☐ I **HAVE** participated as a party, witness, or in any capacity in any other case, in this or any other state, concerning the custody of or visitation (parenting time) with any child subject to this case. Explain:

- \_\_\_\_\_
- a. Name of each child \_\_\_\_\_
- b. Type of case \_\_\_\_\_
- c. Court and State \_\_\_\_\_
- d. Date of court order or judgment (if any): \_\_\_\_\_

**4. Information about custody case(s): (check only one)**

- ☐ I **HAVE NO INFORMATION** of any cases that could affect the current case, any cases relating to custody, domestic violence or protection orders, dependency, neglect or abuse allegations, or adoptions concerning any child subject to this case.
- ☐ I **HAVE THE FOLLOWING INFORMATION** concerning cases that could affect the current case, including any cases relating to custody, domestic violence or protection orders, dependency, neglect or abuse allegations, or adoptions concerning any child subject to this case, other than listed in Paragraph 3. Explain:

- \_\_\_\_\_
- a. Name of each child \_\_\_\_\_
- b. Type of case \_\_\_\_\_
- c. Court and State \_\_\_\_\_
- d. Date of court order or judgment (if any): \_\_\_\_\_

5. List all of the criminal convictions including guilty pleas for you and the members of your household for the following offenses: any criminal offense involving acts that resulted in a child being abused or neglected; any offense that is a violation of R.C. 2919.25; any sexually oriented offense as defined in R.C. 2950.01; and any offense involving a victim who was a family or household member at the time of the offense and caused physical harm to the victim during the commission of the offense.

NAME	CASE NUMBER	COURT/STATE/ COUNTY	TYPE OF CASE	RESULT OF CASE

**6. Persons not a party to this case:**

- ☐ I **DO NOT KNOW OF ANY PERSON** who is not a party to this case and who has physical custody or claims to have custody or visitation rights with respect to any child subject to this case.

Case No. \_\_\_\_\_

- ☐ **I KNOW THAT THE FOLLOWING NAMED PERSON(S)** not a party to this case has/have physical custody or claim(s) to have custody or visitation rights with respect to any child subject to this case:

a. Name and address of person \_\_\_\_\_  
has ☐ physical custody ☐ claims custody rights ☐ claims visitation rights.  
Name of each child \_\_\_\_\_

b. Name and address of person \_\_\_\_\_  
☐ has physical custody ☐ claims custody rights ☐ claims visitation rights.  
Name of each child \_\_\_\_\_

c. Name and address of person \_\_\_\_\_  
has ☐ physical custody ☐ claims custody rights ☐ claims visitation rights.  
Name of each child \_\_\_\_\_

7. **I have a continuing duty to inform this Court of any child custody, visitation, parenting time, divorce, dissolution of marriage, separation, neglect, abuse, dependency, guardianship, parentage, termination of parental rights, or domestic violence case concerning the children in this state or in any other state that could affect the current case.**

**OATH OR AFFIRMATION**

I swear or affirm that the answers above are true, complete, and accurate to the best of my knowledge. I understand that making false statements in this document may result in a contempt of court finding against me which could result in a jail sentence and fine, and may also subject me to criminal penalties for perjury under R.C. 2921.11.

**DO NOT SIGN THE FORM UNLESS YOU ARE IN FRONT OF THE PERSON WHO WILL NOTARIZE THE PARENTING PROCEEDING AFFIDAVIT FOR YOU.**

\_\_\_\_\_  
**Signature of Petitioner**

Sworn to and subscribed before me on this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
**NOTARY PUBLIC**

## FORM 10.01-C: INFORMATION ABOUT FILING A DOMESTIC VIOLENCE OR DATING VIOLENCE CIVIL PROTECTION ORDER PETITION

If you have any questions about completing the Petition for a Domestic Violence Civil Protection Order (Form 10.01-D) or the Dating Violence Civil Protection Order (Form 10.01-P), contact the local victim assistance program, domestic violence program, or Ohio Domestic Violence Network at 800-934-9840.

Neither the Clerk of Court's Office nor the local domestic violence program can give legal advice. If you need legal advice, talk to a lawyer. Only a lawyer can give you legal advice.

There is NO FEE for filing the Petition.

Once completed, take the Petition and other necessary documents to the Clerk of Court's Office.

If you want an emergency order, also known as an *Ex Parte* Protection Order, check "want" in paragraph 2 of the Petition.

The Court will consider your request for an *Ex Parte* Protection Order and may ask you questions.

Regardless if an *Ex Parte* Protection Order was requested, granted, or denied, a full hearing will be scheduled.

You must attend the full hearing. Your victim advocate may also be present at the hearing.

On the day of the full hearing, be prepared to (1) tell the Court what happened, (2) bring with you any witnesses, evidence, and documentation to prove your case, and (3) ask Respondent questions.

Respondent may be represented by a lawyer. You may represent yourself or ask for a continuance to obtain a lawyer. [R.C. 3113.31(D)(2)(a)(iii)]

Respondent or Respondent's lawyer may present evidence and ask you questions.

The Court cannot issue a protection order against you unless Respondent has filed a Petition.

DEFINITIONS	
<b>Domestic Violence</b> [R.C. 3113.31]	"Domestic violence" means the occurrence of one or more of the following acts against a family or household member or a person with whom Respondent has a dating relationship: attempting to cause or recklessly causing bodily injury; placing another person by the threat of force in fear of imminent serious physical harm or committing menacing by stalking or aggravated trespass; committing any act with respect to a child that would result in the child being an abused child, as defined [by law]; or committing a sexually oriented offense.
<b>Person with Whom Respondent Is or Was in a Dating Relationship</b> [R.C. 3113.31(A)(9)]	An adult who, at the time of the conduct in question, is in a dating relationship with Respondent who also is an adult or who, within the twelve months preceding the conduct in question, has had a dating relationship with Respondent who also is an adult.
<b>Dating Relationship</b> [R.C. 3113.31(A)(8)]	A relationship between adults who have, or have had, a relationship of a romantic or intimate nature.



	<p>"Dating relationship" does not include a casual acquaintanceship or ordinary fraternization in a business or social context.</p>
<p><b>Family or Household Member</b> [R.C. 3113.31(A)(3)-(4)]</p>	<p>"Family or household member" means either of the following:</p> <p>(1) Any of the following who is residing with or has resided with Respondent, such as a spouse, a person living as a spouse, or a former spouse of Respondent; a parent, a foster parent, or a child of Respondent, or another person related by consanguinity or affinity (blood or marriage) to Respondent; a parent or a child of a spouse, person living as a spouse, or former spouse of Respondent, or another person related by consanguinity or affinity (blood or marriage) to a spouse, person living as a spouse, or former spouse of Respondent.</p> <p>(2) The natural parent of any child of whom Respondent is the other natural parent or is the putative other natural parent.</p> <p>"Person living as a spouse" means a person who is living or has lived with Respondent in a common law marital relationship, who otherwise is cohabiting with Respondent, or who otherwise has cohabited with Respondent within five years prior to the date of the alleged occurrence of the act in question.</p>

## FORM 10-B: HOW TO COMPLETE A PROTECTION ORDER NOTICE TO NCIC

Form 10-A, Protection Order Notice to NCIC, is the mechanism to enter protection orders or consent agreements into the FBI's National Crime Information Center ("NCIC") Protection Order file. Inaccurate or inconsistent information on Form 10-A will delay entering the court order into the NCIC index; result in improper enforcement of the order; and impermissibly allow or deny a person from owning, possessing, purchasing, or transporting firearms and ammunition. Form 10-A must be completed each time the court grants, approves, modifies, renews, or terminates a criminal or civil *ex parte* or full hearing protection order or consent agreement or otherwise makes a clerical correction on a previously issued order or agreement.

Courts are encouraged to verify that orders are timely entered.

### ELEMENTS OF FORM 10-A

(A) Although Form 10-A is the primary method to inform law enforcement of the terms and conditions of a protection order or consent agreement, it is not a substitution for a protection order or judgement entry.

(B) The court must mark the appropriate box:

**Initial NCIC Form:** This box indicates the court is issuing a criminal or civil protection order or approving a consent agreement for the first time.

**Amended NCIC Form:** This box points out to law enforcement that the original terms of an existing protection order or consent agreement have been modified, including modifications due to clerical errors.

**Removal from NCIC:** This box notifies law enforcement that the protection order or consent agreement is no longer valid and the order must be removed from the NCIC protection order database active file, regardless of the reason.

**Service Completed:** This box is marked if the court has knowledge that service of process has been perfected as set forth in Civ.R. 65.1 and Crim.R.49. The protection order should be entered promptly regardless of service.

(C) **NUMERICAL IDENTIFIER.** Although the FBI only requires one numerical identifier, the court should provide additional numerical identifiers, if available, to facilitate identification of the subject of the protection order.

(D) **BRADY DISQUALIFIERS.** All of the following requirements must be met to result in firearms disability pursuant to 18 U.S.C. 922(g)(8):

Existence of an intimate relationship between the protected parties and Respondent or Defendant, i.e., spouse, former spouse, an individual who cohabits or has cohabited with Respondent or Defendant, and an individual who is a parent of a child of the Respondent or Defendant;

Respondent or Defendant had actual notice of the hearing and an opportunity to participate;

The court made a finding in the order that Respondent or Defendant poses a credible threat of harm or the order explicitly prohibits Respondent or Defendant from the use, attempted use, or threatened use of physical force against an intimate partner or child.

In addition to the firearms and ammunition prohibition per 18 U.S.C. 922(g)(8), a Respondent or Defendant may be firearms and ammunition disqualified as result of other circumstances, e.g., 18 U.S.C. 922(g)(1) through (9), state law, or a court order.

(E) **DATE OF ORDER AND EXPIRATION OF ORDER.** The NCIC protection order database will automatically render a record inactive on the order's expiration date. Protection orders issued pursuant to R.C. 2903.213

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Amended: April 15, 2021

Discard all previous versions of this form

or 2919.26 may indicate "NONEXP." Upon disposition of the criminal case or the issuance of a civil protection order arising out of the same facts, the court must send to law enforcement another Form 10-A indicating Removal from the NCIC and state the expiration date of the order.

- (F) TERMS OF ORDER.** The court must check every box that corresponds to the terms of the protection order. Note that the numbering next to each term in Form 10-A does not correspond to the sequence of remedies in a protection order or consent agreement. However, the remedies in the protection order forms are cross-referenced with the terms and conditions listed in Form 10-A, e.g., NCIC 01.

In every instance that the court changes a term of the protection order or consent agreement, e.g., divorce decree, custody order, continuance of hearing, or extension of the protection order, the court must submit Form 10-A or a form that is substantially similar, indicate the applicable terms to law enforcement and mark "Amended NCIC Form."