
Introduction to Protection from Abuse (PFA) Actions

1. If you, or a child for which you are responsible, are a victim of domestic violence, you may be eligible for protection from abuse by the court.
2. Start by contacting **Susquehanna Valley Women in Transition at 1-800-850-7948**. This group offers counseling and other services free of charge to victims of domestic violence, and they can explain all of your options to you, even in an emergency.
3. If you would like legal representation for these proceedings, but cannot afford an attorney, contact **North Penn Legal Services at 1-877-953-4250** to determine if you are eligible for their services.
4. After you have decided to seek protection from abuse from the court, you will complete the attached application. Fill in every blank that applies to your situation.
5. Give the completed Petition for Protection from Abuse to a staff member in the Child Custody and Protection from Abuse Office.
6. A judge will review your petition as soon as possible. A judge will either grant or deny your request for temporary protection based upon the information you provide in your petition. If the judge grants your request, **a hearing will be scheduled** within ten (10) business days from the date that the order was signed. You must attend.
7. As long as there is a Protection from Abuse order in effect, **anyone who violates that order can be fined, placed in jail, or both**.
8. The Child Custody and Protection from Abuse Office is a court office — not a law office. The staff of this office does not represent you. You must complete your own petition, and you should consult an attorney if you have any legal questions.

**IN THE COURT OF COMMON PLEAS OF NORTHUMBERLAND COUNTY
COMMONWEALTH OF PENNSYLVANIA**

Plaintiff	:	NO. CV-____-_____
vs.	:	CIVIL ACTION – LAW
Defendant	:	PROTECTION FROM ABUSE

P e t i t i o n f o r P r o t e c t i o n f r o m A b u s e

1. Plaintiff's name is: _____

2. I am filing this Petition on behalf of Myself and/or Another Person. (If you checked "myself," please answer all questions referring to yourself as "Plaintiff." If you check "another person," please answer all questions referring to that person as the "Plaintiff," and provide your address here unless confidential:

If you checked "Another Person," indicate your relationship with Plaintiff:

- | | |
|---|---|
| <input type="checkbox"/> Parent of minor Plaintiff(s) | <input type="checkbox"/> Applicant for appointment as guardian ad litem of minor Plaintiff(s) |
| <input type="checkbox"/> Adult household member with minor Plaintiff(s) | <input type="checkbox"/> Court-appointed guardian of incompetent Plaintiff(s) |

3. Name(s) of ALL person(s), including Plaintiff and minor children, who seek protection from abuse: _____

4. Plaintiff's Address is confidential OR

Plaintiff's Address is: _____

5. Defendant is believed to live at the following address: _____

Defendant's Social Security Number (if known) is: _____

Defendant's date of birth is: _____

Defendant's place of employment is: _____

Check here if you have reason to believe that Defendant is a licensed firearms dealer, is employed by a licensed firearms dealer or manufacturer, is employed as a writer, researcher or technician in the firearms or hunting industry or is required to carry a firearm as a condition of employment.

Check here if Defendant is 17 years old or younger.

6. Indicate relationship between Plaintiff and Defendant.

CHECK ALL THAT APPLY:

- Spouse or former spouse of Defendant
- Parent of a child with Defendant
- Current or former sexual or intimate partner with Defendant
- Child of Plaintiff
- Child of Defendant
- Family member related by blood (consanguinity) to Defendant
- Family member related by marriage or affinity to Defendant
- Sibling (person who shares parenthood) of Defendant

7. Have Plaintiff and Defendant been involved in any of the following court actions?

- Divorce Custody Support PFA

If you checked any of the above, briefly indicate when and where the case was filed and the court number, if known: _____

8. Has Defendant been involved in any criminal court action: _____

If you answered "Yes," is Defendant currently on probation? _____

9. Plaintiff and Defendant are the parents of the following minor child/ren:

Name(s)	DOB	Address unless confidential
----------------	------------	------------------------------------

_____	_____	_____
_____	_____	_____

10. If Plaintiff and Defendant are parents of any minor child/ren together, is there an existing court order regarding their custody? _____

If you answered "Yes," describe the terms of the order (e.g., primary, shared, legal and/or physical custody):

If you answered "Yes," in what county and state was the order issued?

(a) Where has each child resided during the past five years?

Child's Name	Person/s child lived with	Address unless confidential	When
--------------	---------------------------	-----------------------------	------

(b) List any other persons who are known to have or claim a right to custody of each child listed above:

Name	Address	Basis of Claim
------	---------	----------------

11. The following other minor child/ren presently live with Plaintiff:

Name	Age(s)	Plaintiff's relationship to children
------	--------	--------------------------------------

12. The facts of the most recent incident of abuse are as follows:

Approximate Date: _____

Approximate Time: _____

Place: _____

Describe in detail what happened, including any physical or sexual abuse, threats, injury, incidents of stalking, medical treatment sought, and/or calls to law enforcement (attach additional sheets of paper if necessary):

13. If Defendant has committed prior acts of abuse against Plaintiff or the minor children, describe these prior incidents, including any threats, injuries, or incidents of stalking, and indicate approximately when such acts of abuse occurred (attach additional sheets of paper if necessary):

14. (a) Has Defendant used or threatened to use any firearms or other weapons against Plaintiff or the minor child/ren? If so, please describe the use or threatened use below and list on Attachment A to Petition, which is incorporated by reference into this petition, any firearms, other weapons or ammunition Defendant used or threatened to use against Plaintiff and/or the minor child/ren:

(b) Other than the firearms, other weapons or ammunition Defendant used or threatened to use against Petitioner or the minor child/ren, does Defendant, to the best of your knowledge or belief, own or possess any additional firearm, other weapon, ammunition or any firearm license? _____

(c) If the answer to (b) above is "yes," list any additional firearm, other weapon or ammunition owned by or in the possession of Defendant on Attachment A to Petition, which is incorporated by reference into this petition.

(d) Plaintiff (check one) DOES DOES NOT request that the court order Defendant to relinquish firearms, other weapons or ammunition listed on Attachment A to Petition. If Plaintiff does seek relinquishment, identify on Attachment A to Petition the firearms, other weapons and ammunition Plaintiff requests the court to order Defendant to relinquish.

15. Identify the sheriff, police department or law enforcement agency in the area in which Plaintiff lives that should be provided with a copy of the protection order:

16. There is an immediate and present danger of further abuse from Defendant. CHECK THE FOLLOWING BOXES ONLY IF THEY APPLY TO YOUR CASE AND PROVIDE THE REQUESTED INFORMATION.

Plaintiff is asking the court to evict and exclude Defendant from the following residence:

owned by (list owners, if known):

rented by (list all names, if known):

Defendant owes a duty of support to Plaintiff and/or the minor child/ren.

Plaintiff has suffered out of pocket financial losses as a result of the abuse described above. Those losses are:

FOR THE REASONS SET FORTH ABOVE, I REQUEST THAT THE COURT ENTER A TEMPORARY ORDER, AND AFTER HEARING, A FINAL ORDER THAT WOULD DO THE FOLLOWING (CHECK ALL FORMS OF RELIEF REQUESTED):

A. Restrain Defendant from abusing, threatening, harassing, or stalking Plaintiff and/or the minor child/ren in any place where Plaintiff and/or child/ren may be found.

B. Evict/exclude Defendant from Plaintiff's residence and prohibit Defendant from attempting to enter any temporary or permanent residence of Plaintiff.

C. Require Defendant to provide Plaintiff and/or the minor child/ren with other suitable housing.

D. Award Plaintiff temporary custody of the minor child/ren and place the following restrictions on contact between Defendant and the child/ren:

E. Prohibit Defendant from having any contact with Plaintiff and/or the minor child/ren, either in person, by telephone, or in writing, personally or through third persons, including but not limited to any contact at Plaintiff's school, business, or place of employment, except as the court may find necessary with respect to partial custody and/or visitation with the minor child/ren.

F. Prohibit Defendant from having any contact with Plaintiff's relatives and Plaintiff's children listed in this petition, except as the court may find necessary with respect to partial custody and/or visitation with the minor child/ren. The following persons are Plaintiff's relative or family and household members that Plaintiff believes require protection from stalking and harassment by Defendant.

Name	Address (optional)	Relationship to Plaintiff
------	--------------------	---------------------------

G. Order Defendant to temporarily relinquish some or all of the firearms, other weapons, and/or ammunition listed on Attachment A to Petition and any firearm license to the sheriff of this county and/or prohibit Defendant from transferring, acquiring or possessing some or all firearms for the duration of the order.

H. Order Defendant to pay temporary support for Plaintiff and/or the minor child/ren, including medical support and payment of the rent or mortgage on the residence.

I. Direct Defendant to pay Plaintiff for the reasonable financial losses suffered as the result of the abuse, to be determined at the hearing.

J. Order Defendant to pay the costs of this action, including filing and service fees.

K. Order Defendant to pay Plaintiff's reasonable attorney's fee.

L. Order the following additional relief, not listed above:

M. Grant such other relief as Plaintiff requests and/or the court deems appropriate.

N. Order the police, sheriff or other law enforcement agency to serve the Defendant with a copy of this petition, any order issued, and the order for hearing. Plaintiff will inform the designated authority of any addresses other than Defendant's residence, where Defendant can be served.

VERIFICATION

I verify that I am the petitioner as designated in the present action and that the facts and statements contained in the above petition are true and correct to the best of my knowledge. I understand that any false statements are made subject to the penalties of 18 Pa. C.S.A. § 4904, relating to unsworn falsification to authorities.

Signature

Date

Sheriff's Information Sheet

Name of Case: _____ VS. _____

Description of Defendant:

CV No. _____

Sex: _____	Hair Color: _____
Race: _____	Scars/Tatoos: _____
DOB: _____	Age: _____
SSN: _____	Glasses: _____
Skin Tone: _____	Mustache: _____
Height: _____	Beard: _____
Weight: _____	Other: _____
Eye Color: _____	

Defendant's place of employment, business address, hours and phone number:

Defendant's vehicle: Make: _____ Model: _____ Color: _____
License Plate: _____ State: _____ Year: _____

Defendant's Address: _____ City: _____
State: _____ ZIP: _____ Phone: _____

Places Defendant visits:

Family: _____ Phone: _____

Friends: _____ Phone: _____

Restaurants and Taverns: _____

Other places Defendant may be: _____

Defendant's History:

What is the Defendant's prior record? _____

Does the Defendant have weapons? _____

Does the Defendant have a gun permit? _____

Relief Requested:

Is Respondent evicted?	Yes	No
------------------------	-----	----

Confiscate Weapons (list) _____	Yes	No
---------------------------------	-----	----

Confiscate Keys:	Yes	No
------------------	-----	----

Gun Permit	Yes	No
------------	-----	----

Plaintiff Name: _____ SSN: _____

Address: _____ City: _____

State: _____ ZIP: _____ Phone: _____

Employment: _____

Address: _____ Work Phone: _____

Sex: _____ DOB: _____ Age: _____

Height: _____ Weight: _____ Race: _____