

**COVER SHEET  
STATE OF ARKANSAS  
CIRCUIT COURT: DOMESTIC RELATIONS**

The domestic relations reporting form and the information contained herein shall not be admissible as evidence in any other court proceeding or replace or supplement the filing and service of pleadings, orders, or other papers as required by law of Supreme Court Rule. This form is required pursuant to Administrative Order Number 8. Instructions are located at [www.courts.arkansas.gov](http://www.courts.arkansas.gov).

**County:** \_\_\_\_\_ **District:** \_\_\_\_\_ **Filing Date:** \_\_\_\_\_

**Judge:** \_\_\_\_\_ **Division:** \_\_\_\_\_ **Case ID:** \_\_\_\_\_

**Type of Case (select only one):**

- |   |   |
|---|---|
| <input type="checkbox"/> (AN) Annulment (marriage date: _____)    | <input type="checkbox"/> (PT) Paternity                                   |
| <input type="checkbox"/> (CT) Contempt-Domestic Relations         | <input type="checkbox"/> (SM) Separate Maintenance (marriage date: _____) |
| <input type="checkbox"/> (CS) Custody                             | <input type="checkbox"/> (SS) Support (OCSE)                              |
| <input type="checkbox"/> (DV) Divorce (marriage date: _____)      | <input type="checkbox"/> (ST) Support-Private (non-OCSE)                  |
| <input type="checkbox"/> (FJ) Foreign Judgment-Domestic Relations | <input type="checkbox"/> (SU) Support-UIFSA                               |
| <input type="checkbox"/> (DA) Order of Protection                 | <input type="checkbox"/> (VI) Visitation                                  |

**Does this case involve the custody or support of minor children?**     Yes     No

*If yes, also file the completed Confidential Information Sheet.*

Plaintiff		Defendant	
<b>Last Name</b>		<b>Last Name</b>	
Suffix		Suffix	
<b>First Name</b>		<b>First Name</b>	
DL/State ID		DL/State ID	
Address		Address	
City, State, ZIP		City, State, ZIP	
Phone		Phone	
Email		Email	
Self-represented	<input type="checkbox"/> Yes <input type="checkbox"/> No	Self-represented	<input type="checkbox"/> Yes <input type="checkbox"/> No
DOB		DOB	
Interpreter needed?	<input type="checkbox"/> Yes: _____ <input type="checkbox"/> No (language)	Interpreter needed?	<input type="checkbox"/> Yes: _____ <input type="checkbox"/> No (language)

**Attorney of Record:** \_\_\_\_\_ **Bar #:** \_\_\_\_\_

For the:     Plaintiff     Defendant    **Email Address:** \_\_\_\_\_

**Related Case(s):** Judge: \_\_\_\_\_ Case ID(s): \_\_\_\_\_

**Manner of filing:**     (MFO) Original     (MFR+case type) Re-open  
                                   (MFT) Transfer                                     (MFF) Reactivate

**CONFIDENTIAL INFORMATION FOR USE ONLY BY THOSE AUTHORIZED BY  
Arkansas Code Annotated 9-14-205**

**Custodial Parent/Custodian:** \_\_\_\_\_

**Residential Addr:** \_\_\_\_\_  
(Street) (City) (St) (Zip)

**Mailing Addr:** \_\_\_\_\_  
(Street or PO Box) (City) (St) (Zip)

**Phone Numbers: (Home)** \_\_\_\_\_ **(Cell)** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Driver's License Number: (State)** \_\_\_\_\_ **(Number)** \_\_\_\_\_

**Employer's Name or Business:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
(Street or PO Box) (City) (St) (Zip)

**Non-Custodial Parent:** \_\_\_\_\_

**Residential Addr:** \_\_\_\_\_  
(Street) (City) (St) (Zip)

**Mailing Addr:** \_\_\_\_\_  
(Street or PO Box) (City) (St) (Zip)

**Phone Numbers: (Home)** \_\_\_\_\_ **(Cell)** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Driver's License Number: (State)** \_\_\_\_\_ **(Number)** \_\_\_\_\_

**Employer's Name or Business:** \_\_\_\_\_  
(Street or PO Box) (City) (St) (Zip)

**Children's Names and Birth Dates:**

**Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

**Print or Type preparer's name:** \_\_\_\_\_

Docket Number \_\_\_\_\_

Style of Case \_\_\_\_\_

OCSE Case Number \_\_\_\_\_

# IN THE CIRCUIT COURT OF BENTON COUNTY, ARKANSAS

Petitioner's Home Address:  
(Leave blank if the Respondent does not know where you live)

1. \_\_\_\_\_  
Petitioner's First, Middle, and Last Name

Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ Race \_\_\_\_\_

\_\_\_\_\_  
Petitioner's Workplace and Address:  
(Leave blank if the Respondent does not know where you work)

VS. Case No. DR \_\_\_\_\_

\_\_\_\_\_  
Respondent's Home Address:

2. \_\_\_\_\_  
Respondent's First, Middle, and Last Name

Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ Race \_\_\_\_\_

\_\_\_\_\_  
Respondent's Workplace and Address:  
\_\_\_\_\_  
\_\_\_\_\_

## PETITION FOR ORDER OF PROTECTION

3. \_\_\_\_\_ I am the Petitioner and am: \_\_\_\_\_ at least 18 years of age; **(or)** \_\_\_\_\_ under 18 but emancipated.

\_\_\_\_\_ I am filing on behalf of myself.

\_\_\_\_\_ I am filing on behalf of a family or household member who is:

\_\_\_\_\_ a minor: (full name(s) \_\_\_\_\_)

\_\_\_\_\_ an adjudicated incompetent person: (full name) \_\_\_\_\_

\_\_\_\_\_ The Respondent is: \_\_\_\_\_ at least 18 years of age; **(or)** \_\_\_\_\_ under 18 but emancipated.

\_\_\_\_\_ I am an employee or volunteer of a domestic violence shelter or program, and I am filing on behalf of a minor.

4. The Respondent and Petitioner (or Victim if filing on behalf of a minor or incompetent person): *(check all that apply)*

\_\_\_\_\_ are spouses (date of separation \_\_\_\_\_)

\_\_\_\_\_ have or have had a child in common

\_\_\_\_\_ are parent and child (Respondent is Victim's \_\_\_\_\_)

\_\_\_\_\_ currently reside together or cohabitate

\_\_\_\_\_ are former spouses (date of divorce \_\_\_\_\_)

\_\_\_\_\_ formerly resided together or cohabitated (date of sep. \_\_\_\_\_)

\_\_\_\_\_ are related by blood (Respondent is Victim's \_\_\_\_\_)

\_\_\_\_\_ are/were in a dating relationship from \_\_\_\_\_ to \_\_\_\_\_

5. If an Order of Protection for children is requested, provide the following information:

Name(s) of Child(ren)	Date of Birth	Sex	Race	Address/School	Relationship to Parties

6. If an Order of Protection for pets is requested, please identify each by name and breed: \_\_\_\_\_  
\_\_\_\_\_

7.  The Respondent has committed domestic abuse to the petitioner or victim by the acts described in the attached affidavit.

8.  The Respondent is scheduled to be released from incarceration within 30 days. Upon the Respondent's release, there will be immediate and present danger of domestic abuse to me and/or the Victim(s).

9. Have you reported abuse to law enforcement?  Yes  No Has Respondent been arrested?  Yes  No

10. Did Respondent use or threaten to use a weapon?  Yes  No If yes, indicate the type of weapon: \_\_\_\_\_

11. Petitioner requests that the court issue an **Ex-Parte Order of Protection** with the following provisions (check all that apply):

(a)  Excluding the Respondent from a shared residence or from the residence of the Petitioner or Victim(s).

Address of the Residence: \_\_\_\_\_

(b)  Excluding the Respondent from the place of business, employment, school or other location of the Petitioner or Victim(s).

Employment Address: \_\_\_\_\_

School Address: \_\_\_\_\_

Other: \_\_\_\_\_

(c)  Civil Standby Requested: Petitioner or Respondent (circle one)

Address where the Civil Standby is needed: \_\_\_\_\_

(d)  Awarding temporary custody of the minor children of the Petitioner and Respondent as follows:

Child's Name	Person to receive custody

12. Is there a current/pending custody order?  Yes  No

If yes, give Case No. \_\_\_\_\_ County/State \_\_\_\_\_ Judge \_\_\_\_\_

Who has legal custody?  Petitioner  Respondent Who has physical custody?  Petitioner  Respondent

Is there a closed or pending divorce action between the parties?  Yes  No

If yes, give Case No. \_\_\_\_\_ County/State \_\_\_\_\_ Judge \_\_\_\_\_

13. Have you previously filed a petition for order of protection against the Respondent?  Yes  No

If yes, give Case No. \_\_\_\_\_ County/State \_\_\_\_\_ Judge \_\_\_\_\_

14. Do you, any witnesses, and/or Respondent require an interpreter at the protective order hearing?  Yes  No.  
What language? \_\_\_\_\_

**Please initial the following statements confirming you have read them and understand them.**

- 15. I understand that once this petition is filed in the Circuit Clerk's Office I will be assigned a Judge who will review my petition and determine eligibility. The Judge has the ability to issue a Temporary Protective Order that includes a hearing date to be held within 30 days OR issue an Order to Appear in court OR dismiss the petition all together. \_\_\_\_\_
- 16. I understand I am required to attend any hearing date that is set by the Judge. If I do not attend the hearing, I understand that a warrant can be issued for my arrest and I can be required to pay all filing fees. \_\_\_\_\_
- 17. I understand if the Judge awards a Temporary Order of Protection, the order will not be in effect until the Respondent has been served with a copy of the petition, affidavit and order. \_\_\_\_\_
- 18. I understand that if the Respondent violates the Order of Protection I should contact law enforcement immediately. To ensure proper enforcement, I should not initiate contact with Respondent. \_\_\_\_\_
- 19. I understand that I am not required to have an attorney but that without legal representation, I must be prepared to provide testimony and possible cross examination. \_\_\_\_\_
- 20. I understand that the Respondent has a right to attend the hearing and protest the allegations listed in this petition. Based on testimony, the Judge may dismiss the petition, amend it or grant a Final Order of Protection for a minimum of 90 days to a maximum of 10 years. \_\_\_\_\_
- 21. I understand that once this petition is filed with Circuit Clerk's Office I cannot request dismissal of a Temporary Protection Order or Order to Appear until the hearing. \_\_\_\_\_
- 22. I understand that if there are errors in my petition/affidavit I would be required to come back to this office and correct the errors or the petition/affidavit could be dismissed. If it is not dismissed and I have refused to return to make the required corrections it is possible any orders that are issued would not be served on Respondent, therefore making them unenforceable. \_\_\_\_\_

**I understand that once signed, this petition acts as a sworn affidavit and that if I intentionally provide any false information, I may be held liable financially and/or criminally. I also understand that I am required to attend the hearing, and that if I fail to appear on the hearing date, the court has the authority to charge me \$215.00 and/or issue a Body Attachment Warrant for my arrest.**

\_\_\_\_\_  
Petitioner's Signature

**AFFIDAVIT**

The Petitioner, under oath, swears that the facts stated in the above Petition are true according to the Petitioner's best knowledge and belief.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Petitioner's Signature

STATE OF ARKANSAS )  
COUNTY OF BENTON )

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

\_\_\_\_\_  
Notary Public  
My Commission Expires:

(SEAL)

IN THE CIRCUIT COURT OF BENTON COUNTY, ARKANSAS

\_\_\_\_\_ DIVISION

\_\_\_\_\_

PETITIONER

VS.

CASE NO. \_\_\_\_\_

\_\_\_\_\_

RESPONDENT

**AFFIDAVIT ACCOMPANYING PETITION FOR DOMESTIC ORDER OF PROTECTION**

I, \_\_\_\_\_, Petitioner in the above named Order of Protection Case having been duly sworn, depose and state the following under penalty of perjury:

1. I am the Petitioner in the above-captioned case for a Petition for an Order of Protection against the named Respondent.
2. In good faith, I believe I am entitled to an Order of Protection against the Respondent, and I submit this Affidavit in accordance with Arkansas Code Annotated § 9-15-201(e) (2).
3. The specific facts and circumstances that have led to the filing of this Order of Protection are as follows:

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4. These facts, along with the facts alleged in my accompanying Petition constitute my request for an Ex-Parte Order of Protection and Final Order of Protection.

5. I request that an Ex-Parte Temporary Order of Protection and a Final Order of Protection be entered granting me the following relief: (check all that apply)

6.  Exclude the respondent from a shared residence or from the residence of the petitioner or victim. Address of residence: \_\_\_\_\_  
\_\_\_\_\_

7.  Exclude the petitioner's address from notice to the respondent.

8.  Exclude the respondent from the place of business, employment, school, or other location of the petitioner or victim. Address of:

Place of business: \_\_\_\_\_

Employment: \_\_\_\_\_

School: \_\_\_\_\_

Other (identify): \_\_\_\_\_

9.  Prohibit the respondent, directly, indirectly or through an agent, from contacting the petitioner or victim.

10.  Award temporary custody or establish temporary visitation rights of minor children as follows:

**Child's Name/Person to Receive Custody:**

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11.  Direct the care, custody, or control of the following pets: \_\_\_\_\_  
\_\_\_\_\_

12.  Require the respondent to pay temporary child support.

13.  Require the respondent to pay temporary spousal support.

14.  Require Respondent to pay any associated costs including my attorney fees.
15.  Although Respondent is the account holder of the following wireless telephone number(s), I and/or the minor children in my care are the primary users of these phone numbers:

\_\_\_\_\_

I am requesting that the Court prohibit Respondent from terminating these accounts until the Court can consider whether an order is warranted transferring the billing responsibility for, and the rights to, the wireless telephone number(s).

16. I further request any other relief as the court deems necessary or appropriate pursuant to Ark. Code Ann. § 9-15-205 (8)(A).
17. I request that a hearing be set on this matter and that notice and order to appear be issued to Respondent.

\_\_\_\_\_  
PETITIONER

\_\_\_\_\_  
DATE

STATE OF ARKANSAS        )  
COUNTY OF \_\_\_\_\_  )

SUBSCRIBED AND SWORN to before me, the below named officer, this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC  
MY COMMISSION EXPIRES:

(SEAL)

**BENTON COUNTY SHERIFF'S OFFICE**

Service Location/Direction Information

**MARK FOR OFFICER SAFETY: RESPONDENT HAS ACCESS TO WEAPONS I.E. GUNS, KNIVES**

Please answer the following to the best of your knowledge; it will help the deputy serve the Order.

NOTE: Information on this form is for Law Enforcement use only.

**PETITIONER'S NAME:** \_\_\_\_\_

Petitioner's Date of Birth \_\_\_\_\_ Sex: \_\_\_\_\_

Petitioner's Home Phone Number: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

**RESPONDENT'S NAME:** \_\_\_\_\_

Respondent's Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Respondent's Physical Description: Race \_\_\_\_\_ Hgt \_\_\_\_\_ Wgt \_\_\_\_\_ Hair \_\_\_\_\_ Eye \_\_\_\_\_

Respondent's Home Phone Number: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Respondent's Address **AND** Directions: \_\_\_\_\_

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

Respondent's Employment **AND** Address: \_\_\_\_\_

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

Respondent's Work Hours: \_\_\_\_\_ Days: \_\_\_\_\_

Respondent's Nearest Relative: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address **AND** Directions: \_\_\_\_\_

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

Additional Information on Respondent's Location: \_\_\_\_\_

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

Respondent's Vehicle Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ Tag #: \_\_\_\_\_