

WHEN SHOULD I FILE A PROTECTION FROM INTIMIDATION PETITION
UNDER THE PSVI ACT?

A protection from intimidation petition under the Protection of Victims of Sexual Violence or Intimidation Act (PSVI) may be filed if:

1. The abuser IS NOT your parent; current or former spouse; child; current or former sexual or intimate partner; including same sex partners;(i.e. present or former boyfriend/girlfriend or parent of your child); or otherwise related by affinity (i.e. in-laws through marriage) or consanguinity (blood relatives)

2. You are UNDER the age of 18 years old.

NOTE: An adult must file on your behalf.

3. The abuser is 18 years of age or older

4. You have been subject to any of the following by the abuser:
 - Harassment: (Includes communications to or about you that are obscene or threatening; repeated anonymous communications; repeated communications at extremely inconvenient hours; or other repeated communications)

 - Stalking: (Includes following you repeatedly with intent to place you in reasonable fear of bodily injury or to cause you emotional distress; or communicating with you repeatedly with intent to place you in reasonable fear of bodily injury or to cause you emotional distress.)

_____	:	IN THE COURT OF COMMON PLEAS
PLAINTIFF	:	OF LUZERNE COUNTY
	:	PENNSYLVANIA
AND/OR (please circle on if applicable) ON BEHALF OF	:	
_____	:	CIVIL ACTION LAW
	:	PROTECTION FROM INTIMIDATION
	:	
_____	:	NO. _____ -20_____
DEFENDANT	:	PFAD# _____

NOTICE OF HEARING AND ORDER

YOU HAVE BEEN SUED IN COURT. If you wish to defend against the claims set forth in the following papers, you must appear at the hearing scheduled herein. If you fail to appear, the case may proceed against you and a FINAL order may be entered against you granting the relief requested in the petition.

A hearing on this matter is scheduled for the _____ day of _____, 20__ at _____m in Courtroom _____ at the Luzerne County Courthouse. Report to:

The Protection from Abuse Office, 2nd Floor

Luzerne County Courthouse

200 North River Street, Wilkes Barre, Pennsylvania

If a temporary Protection from Intimidation order has been entered, you MUST obey the order until it is modified or terminated by the court after notice and a hearing. If you disobey this order, the police or sheriff may arrest you. A violation of this order may subject you to a charge of indirect criminal contempt. A violation may also subject you to prosecution and criminal penalties under the Pennsylvania crimes Code 18 U.S.C § 2265, an order entered by the court may be enforceable in all 50 states, the District of Columbia, Tribal Lands, US Territories and the Commonwealth of Puerto Rico. If you travel outside the state and intentionally violate this order you may be subject to federal criminal proceedings under the Violence Against Women Act 18 U.S.C § 2262.

YOU SHOULD TAKE THIS PAPER TO YOUR LAWYER IMMEDIATELY. YOU HAVE THE RIGHT TO HAVE A LAWYER REPRESENT YOU AT THE HEARING. THE COURT WILL NOT, HOWEVER, APPOINT A LAWYER FOR YOU. IF YOU DO NOT HAVE A LAWYER, GO TO OR CALL THE OFFICE SET FORTH BELOW. THIS OFFICE CAN PROVIDE YOU WITH INFORMATION ABOUT HIRING A LAWYER. IF YOU CANNOT AFFORD TO HIRE A LAWYER, THIS OFFICE MAY BE ABLE TO PROVIDE YOU WITH INFORMATION ABOUT AGENCIES THAT MAY OFFER LEGAL SERVICES TO ELIGIBLE PERSONS AT A REDUCED FEE OR NO FEE. IF YOU CANNOT FIND A LAWYER, YOU MAY HAVE TO PROCEED WITHOUT ONE.

Lawyers Referral Service of Luzerne County

Telephone (570) 822-6712

AMERICANS WITH DISABILITIES ACT OF 1990

The Court of Common Pleas of Luzerne County is required by law to comply with the Americans with Disabilities Act of 1990. For information about accessible facilities and reasonable accommodations available to disabled individuals having business before the court, please contact our office. All arrangements must be made at least 72 hours prior to any hearing or business before the court. You must attend the scheduled conference or hearing.

CONFIDENTIAL

THIS PAGE MUST BE FILLED OUT FOR PFA OFFICE FILES
PLEASE FILL OUT THE FOLLOWING INFORMATION

PLAINTIFF:

NAME

ADDRESS

HOME PHONE

WORK PHONE

CELL PHONE

DEFENDANT:

NAME

ADDRESS

HOME PHONE

WORK PHONE

CELL PHONE

PETITION FOR PROTECTION FROM INTIMIDATION ORDER	IN THE COURT OF COMMON PLEAS OF LUZERNE COUNTY, PENNSYLVANIA NO.
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1. PLAINTIFF

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First Middle Last Plaintiff DOB

Plaintiff's Address:

Plaintiff's address is confidential or Plaintiff's address is: _____

V.

2. DEFENDANT

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First Middle Last Suffix

Defendant's Address:

DEFENDANT IDENTIFIERS			
DOB		HEIGHT	
SEX		WEIGHT	
RACE		EYES	
HAIR			
SSN			
DRIVERS LICENSE #			
EXP DATE		STATE	

CAUTION:

- Weapon Involved
- Weapon Present on the Property

Defendant's Place of employment is: _____

3. I am filing this Petition on behalf of: Another Person

Filer's Name:

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First Middle Last Suffix

Filer's Address is Confidential or Filer's address is: _____

Indicate the relationship of "Another Person" with Filer:

- parent of minor Plaintiff(s)
- applicant for appointment as guardian ad litem of minor Plaintiff(s)
- adult household member of minor Plaintiff(s)

Name(s) of All persons, including minor child/ren for whom protection is sought:

Name: _____ DOB: _____

(b) Other than the firearms, other weapons or ammunition Defendant used or threatened to use against Petitioner or other person(s) for whom protection is sought, does Defendant, to the best of your knowledge or belief, own or possess any additional firearm, other weapon, ammunition or any firearm license?

Yes No

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

9. There is an immediate and present danger from the Defendant.

Yes No

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 the Defendant from the following residence: _____

owned by (list owners, if known) _____

rented by (list all names, if known) _____

Plaintiff has suffered out-of-pocket financial losses as a result of the behavior 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 minor child/ren in any place where the Plaintiff and/or the 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. Prohibit Defendant from having any contact with Plaintiff and/or 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.
- D. Prohibit Defendant from having any contact with Plaintiff's relatives and Plaintiff's children listed in this petition. The following persons are Plaintiff's relatives or family and household members that Plaintiff believes require protection from stalking and harassment by the Defendant.

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

- E. Direct Defendant to pay Plaintiff for the reasonable financial losses suffered as the result of the the sexual violence or intimidation, to be determined at the hearing.
- F. Order Defendant to pay the costs of this action, including filing and services fees.
- G. Order Defendant to pay Plaintiff's reasonable attorney's fees.
- H. Order the following additional relief, not listed above:

- I. Grant such other relief as Plaintiff requests and/or the Court deems appropriate.
- J. 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 the Defendant's residence, where Defendant can be served.

VERIFICATION

I verify that neither I, nor any other person for whom protection is sought within this petition, has a relationship to the defendant that meets the definition of family or household member (spouses or persons who have been spouses, persons living as spouses or who lived as spouses, parents and children, other persons related by consanguinity or affinity, current or former sexual or intimate partners or persons who share biological parenthood).

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.

Plaintiff's signature

Date

06/30/2015

IN THE COURT OF COMMON PLEAS
OF LUZERNE COUNTY, PENNSYLVANIA
CIVIL ACTION LAW
PROTECTION FROM ABUSE

PLAINTIFF

vs.

DEFENDANT

NO.

200

D.O.B.

SERVICE INFORMATION SHEET

DESCRIPTION OF DEFENDANT

Name: _____ Distinguishing features: _____
Sex: _____ Age: _____
Race: _____ Typical clothing worn: _____
Hair Color: _____ Eye Color: _____
Height: _____ Weight: _____

Telephone number(s) at which Defendant can be reached and best time(s): _____

ADDITIONAL INFORMATION

Make, color, tag number and year of Defendant's car(s): _____

Does Defendant carry weapons or usually keep them nearby? YES _____ NO _____

IF YES, describe: _____

Please describe where weapons are kept: _____

Does Defendant has a criminal record: YES _____ NO _____

Is Defendant on probation or parole: YES _____ NO _____ IF YES, name and telephone number of Probation and parole officer: _____

DEFENDANTS WHEREABOUTS

Last known residence of Defendant: _____

Name and address of Defendant's closest relative: _____

Time(s) Defendant is most likely to visit this address: _____

Place(s) where Defendant is most likely to socialize or be found and most likely time(s): _____

Name and address of Defendant's employer: _____

Department or division in which Defendant works: _____

Usual work hours of Defendant: _____

Work location, if different than above: _____

Two telephone numbers where I can be reached: _____ and _____

(I understand that these will not be given to the Defendant or their attorney).

DATE

PLAINTIFF