

**WHEN SHOULD I FILE A SEXUAL VIOLENCE PROTECTION PETITION  
UNDER THE PSVI ACT?**

A sexual violence protection 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)

NOTE: If you are under 18 years old, you must have an adult file on your behalf.

2. You have been subject to any of the following sexual violence by the abuser:
  - Sexual offenses;
  - Endangering the welfare of children if the offense involved sexual contact with children;
  - Corruption of minors;
  - Sexual abuse of children;
  - Unlawful contact with a minor;
  - Sexual exploitation of children

	:	IN THE COURT OF COMMON PLEAS
PLAINTIFF	:	OF LUZERNE COUNTY
		PENNSYLVANIA
AND/OR (please circle one, if applicable) ON BEHALF OF :	:	CIVIL ACTION LAW
	:	
vs.	:	SEXUAL VIOLENCE PROTECTION
	:	
DEFENDANT	:	NO.                      - 20 _____
	:	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 the matter is scheduled for the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ at \_\_\_\_\_ .m. in Courtroom \_\_\_\_\_ at the Luzerne County Courthouse, Repot to:

**THE PROTECTION FROM ABUSE OFFICE, 2<sup>ND</sup> FLOOR  
 LUZERNE COUNTY COURTHOUSE  
 200 NORTH RIVER STREET, WILKES-BARRE, PENNSYLVANIA**

If a temporary sexual protection 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 that 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. Under 18 U.S.C. § 2265, an order entered by the court may be enforceable in all fifty (50) States, the District of Columbia, Tribal Lands, U.S. Territories and the Commonwealth of Puerto Rico. If you travel outside of 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

<b>PETITION FOR SEXUAL VIOLENCE PROTECTION ORDER</b>	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:  Myself and/or  Another Person**

If you checked "myself", please answer all questions referring to yourself as "Plaintiff". If you ONLY checked "another person", please answer all questions referring to that person as the "Plaintiff", and provide your name and address here, as filer, unless confidential.

Filer's Name:

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First Middle Last Suffix

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

If you checked "Another Person", indicate relationship 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)
- court appointed guardian of incompetent Plaintiff(s)

Check here if the Defendant is 17 years old or younger.

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

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

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

4. Has the Defendant been involved in any criminal court action? \_\_\_\_\_

If you answered Yes, is the defendant currently on probation or parole? \_\_\_\_\_

5. The facts of the most recent incident of sexual violence are as follows:

Approximate Date: \_\_\_\_\_

Approximate Time: \_\_\_\_\_

Place: \_\_\_\_\_

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

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

6. If the Defendant has committed prior acts of sexual violence against Plaintiff or other person(s) for whom protection is sought, describe these prior incidents, including any threats, injuries, or incidents of unwanted contact, and indicate approximately when such acts of abuse occurred. (attach additional sheets of paper if necessary):

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

7. (a) Has Defendant used or threatened to use any firearms or other weapons against Plaintiff or other person(s) for whom protection is sought?

(b) Other than the firearms, other weapons or ammunition Defendant used or threatened to use against Plaintiff 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?

8. 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: \_\_\_\_\_

9. There is an immediate and present danger from the 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 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 the minor child/ren in any place where 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 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.

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 Defendant.

Name	Address (optional)	Relationship to Plaintiff
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E. Direct Defendant to pay Plaintiff for the reasonable financial losses suffered as the result of the sexual violence or intimidation, to be determined at the hearing.

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

G. Order Defendant to pay Plaintiff's reasonable attorney's fees.

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

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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

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Signature

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Date



\_\_\_\_\_  
PLAINTIFF  
vs.  
\_\_\_\_\_  
DEFENDANT  
D.O.B. \_\_\_\_\_

IN THE COURT OF COMMON PLEAS  
OF LUZERNE COUNTY, PENNSYLVANIA  
CIVIL ACTION LAW  
PROTECTION FROM ABUSE  
NO. 200 \_\_\_\_\_

**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