

INSTRUCTIONS FOR FILLING OUT PFA PETITIONS

PLEASE PRINT ENTIRE PETITION

1. You are the Plaintiff, **WRITE YOUR NAME** on the line above PLAINTIFF.
2. If you are filing on behalf of a minor child/ren, or an incapacitated person, please list the name(s) on the line under the words **ON BEHALF OF**.
3. The person you are filing against is the Defendant; please list **HIS/HER NAME** on the line above DEFENDANT.
4. CONFIDENTIAL page is for the PFA Office files only. The information shall be used if our office needs to contact you. **THIS PAGE MUST BE COMPLETED.**
5. Page 1 – Notice of Hearing and Order, fill out the Caption (top) only.
6. Petition For Protection From Abuse – Front Cover through page 2 are questions related to your relationship with the Defendant, children and custody matters.
7. Page 3 of the Protection From Abuse Petition- Numbered Item 11 – Please explain to the Judge the incident that brings you to the office to file for protection. Be specific about the abuse or threats of abuse which have occurred. **You should not write on the back of the page – additional pages available if required.**
8. Page 4 of the Protection From Abuse Petition- Numbered Item 12 – Please provide any prior incidents, including any threats, injuries or incidents of stalking. **You should not write on the back of the page – additional pages available if required.**
9. Page 5 of the Protection From Abuse Petition- Numbered Items 13(a)(b)(c) & 15 - Please provide information as to the use or threatened use of firearms and whether you are in immediate and present danger of abuse and eviction/exclusion from the residence.
10. Pages 6 & 7 of the Protection From Abuse Petition- Items A-N- This lists the relief you can request from the Court. Please read and check off what relief you are requesting. Read and sign the VERIFICATION.
11. Temporary Protection From Abuse Order – Page 1 - Fill out top portion of page regarding Plaintiff and Defendant ONLY.
12. The Service Sheet is information for the Sheriff's Department to assist in locating Defendant for Service of Petition. Please note all information on form is about the Defendant. If the Defendant is on probation or parole please list the County and State of the supervision and in known, the name of parole/probation officer.

FILL OUT FRONT PAGE ONLY.

When form is completely filled out, return it to one of the Clerks in the PFA Office.
You will be given further instructions at that time.

WHEN SHOULD I FILE A PFA PETITION ?

A petition under the Protection From Abuse Act (PFA) may be filed if :

1. The abuser is 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 (ie in-laws through marriage or ties other than blood relatives) 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 by the abuser:
 - Attempting to cause or causing bodily injury or causing fear of bodily injury;
 - Sexual assault
 - Physical or sexual abuse of minor children;
 - Stalking; or
 - False imprisonment

PLEASE PRINT

PLAINTIFF
AND/OR (please circle one, if applicable) ON BEHALF OF

vs.

DEFENDANT

: IN THE COURT OF COMMON PLEAS :
: OF LUZERNE COUNTY, PENNSYLVANIA :
: CIVIL ACTION LAW :
: PRO SE FORMAT :

: PROTECTION FROM ABUSE :

: 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 do so, the case may proceed against you and a FINAL order may be entered against you granting the relief requested in the Petition. In particular, you may be evicted from your residence, be prohibited from possessing any firearm, other weapon, ammunition or any firearm license, and lose other important rights, including custody of your children. Any protection order granted by a court may be considered in subsequent proceedings under Title 23 (Domestic Relations) of the Pennsylvania Consolidated Statutes, including child custody proceedings under Chapter 53 (relating to custody).

A hearing on the matter is scheduled for the _____ day of _____, 20____, at 9:00 O'CLOCK A.M., report to:

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

If an order of protection has been entered, you MUST obey the order until it is modified or terminated by the court after notice and hearing. If you disobey this order, the police or sheriff may arrest you. Violation of this order may subject you to a charge of indirect criminal contempt, which is punishable by a fine of up to \$1,000.00 and/or up to six months in jail under 23 Pa. C.S.A. §6114. Violations may also subject you to prosecution and criminal penalties under the Pennsylvania Crimes Code. Under federal law, 18 U.S.C. § 2265, this Order is enforceable anywhere in the United States, tribal islands, 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. § 2261-2262.

If this order directs you to relinquish any firearm, other weapon, ammunition or any firearm license to the sheriff, you may do so upon service of this order. As an alternative, you may relinquish any firearm, other weapon, or ammunition listed herein to a third party provided you and the third party first comply with all requirements to obtain a safekeeping permit. 23 Pa. C.S.A. §6108.3. You must relinquish any firearm, other weapon, ammunition or any firearm license listed in the order no later than twenty-four (24) hours after service of the order. If, due to their current location, firearms, other weapons, or ammunition cannot reasonably be retrieved within the time for relinquishment, you must provide an affidavit to the sheriff listing the firearms, other weapons or ammunition and their current location no later than 24 hours after service of the order. Failure to timely relinquish any firearm, other weapon, ammunition or any firearm license shall result in a violation of this order and may result in criminal conviction under the Uniform Firearms Act, 18 Pa. C.S.A. §6105.

NOTICE: Even if this order does not direct you to relinquish firearms, you may be subject to federal firearms prohibitions and federal criminal penalties under 18 U.S.C. §922(g)(8).

YOU SHOULD TAKE THIS PAPER TO YOUR LAWYER AT ONCE. 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 TELEPHONE THE OFFICE SET FORTH BELOW. THIS OFFICE CAN PROVIDE YOU WITH INFORMATION ABOUT HIRING A LAWYER. IF YOU CANNOT FIND 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

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 ABUSE	IN THE COURT OF COMMON PLEAS OF LUZERNE COUNTY, PENNSYLVANIA
	NO. _____

1. PLAINTIFF

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First Middle Last Plaintiff's 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
- Weapon Requested Relinquished

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.

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 your relationship with Plaintiff:

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

4. Name(s) of ALL persons, including minor child/ren, who seek protection from abuse:

5. Indicate the relationship between the Plaintiff and the 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

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

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

[] Divorce [] Custody [] Support [] Protection From Abuse Order

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

7. Has the Defendant been involved in any criminal court action? _____

If you answered Yes, is the Defendant currently on probation or parole? _____

In what County/State: _____

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

Name(s)	Age(s)	Who reside at (list address unless confidential)
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

9. If Plaintiff and Defendant are the parents of any minor child/ren together, is there an existing court Order regarding their custody? Yes No.

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?

If you are now seeking an Order of child custody as part of this petition, list the following information:
[a] Where has each child resided during the past five years? (Please include the child/ren's name, Age; Person(s) child/ren lived with; Addresses unless confidential, and When.)

[b] List any other persons who are known to have or claim a right to custody of each child listed above.

Name, address and basis of claim.

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

Name(s)	Age(s)	Plaintiff's relationship to child/ren
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

11. The facts of the most recent incident of abuse are as follows: (Please 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) PLEASE DO NOT WRITE ON THE BACK OF ANY PAGES OF THIS PETITION. ADDITIONAL PAGES CAN BE PROVIDED IF NEEDED.

Approximate Date: _____

Approximate time: _____

Place _____

PLEASE PRINT

12. If the Defendant has committed prior acts of abuse against Plaintiff or minor child/ren, describe these prior incidents, including any threats, injuries or incidents of stalking, and indicate approximately when such acts of abuse occurred. PLEASE DO NOT WRITE ON THE BACK OF THIS PAGE - ATTACH ADDITIONAL SHEETS OF PAPER IF NECESSARY

13. (a) Has Defendant used or threatened to use any firearms or other weapons against the Plaintiff or the minor child/ren? Yes No

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 that you would like to Court to order Defendant to relinquish on Attachment A to the Petition, which in 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.

14. 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:

15. There is an immediate and present danger of further abuse 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) _____

Defendant owes a duty of support to Plaintiff and/or 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 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. Require Defendant to provide Plaintiff and/or minor child/ren with other suitable housing.

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

E. Prohibit Defendant from having any personal 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, except as the Court may find necessary with respect to partial custody and/or visitation with 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 relatives or family and household members that Plaintiff believes require protection from stalking and harassment by the 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 in 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 to 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 a result of the abuse, to be determined at the hearing.

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

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

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

M. Grant such other relief as Plaintiff requests and/or as 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 the 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 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. §4904, relating to unsworn falsification to authorities.

Plaintiff's signature

Date

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