

1200 N. TELEGRAPH RD, PONTIAC, MI 48341 (248) 975-5911

PETITIONER	Age	RESPONDENT	Age
v			

Have you or respondent ever used any other names (now or in the past)? Yes No. If yes, please list them.

What county do you live in? _____
 Respondent lives in _____ County.
 Do you or have you lived together: Yes No.
 How do you know the person you are filing against?

Do you and respondent have child(ren) together Yes No. If yes, list the children you have together.

NAME OF CHILD	DATE OF BIRTH	CURRENT ADDRESS
1.		
2.		
3.		

(ATTACH EXTRA SHEETS IF NECESSARY)
 Were you married to respondent when the child(ren) were born? Yes No if no, check one:
 _____ There has been a legal order of paternity entered. Case number: _____
 _____ A paternity case has been filed and is pending. Case number _____
 _____ The father legally acknowledged paternity.
 _____ There has been no legal acknowledgment of paternity.
 Is there a custody or parenting time order in effect regarding child(ren) that you and respondent have together?
 Yes If yes, fill out attached worksheet. No
If you and respondent have child(ren) together, fill out the attached worksheet regarding custody and parenting time.
 List all other children that either of you have _____

Have you or respondent ever asked for a Personal Protection Order in another county? Yes No
 What county _____
 When _____
 Why _____
 Have you or respondent ever been to court in another county? Yes No
 What county _____
 When _____
 Why _____

Does the respondent have a license to carry a firearm? Yes No
 Is the respondent employed or in training for a position which will require him/her to carry a firearm? Yes No
 Is the respondent an employee of a law enforcement agency? Yes No. If yes, which agency? _____
 Is the respondent an employee of the Department of Corrections? Yes No. If yes, which facility? _____

VERIFICATION UNDER MCR 2.114(2)(b): I declare that the statements above are true to the best of my information, knowledge and belief.

 Date _____
 Signature of petitioner