

Insert name and contact information:

IN THE SUPERIOR COURT OF GUAM

| | |
|-------------|---|
| <div></div> | Protective Order Case No. <div></div> |
| Petitioner, | PETITION FOR ORDER OF PROTECTION |
| vs. | FORM 1 |
| <div></div> | |
| Respondent. | |

INSTRUCTIONS: Fill out this form when seeking a protection order for Family Violence, Sexual Assault, or Stalking.

Which type of protection order do you want? There are different orders based on the type of harm and how the parties know each other. Check only one.

- ☐ **Family Violence** Protection from a family or household member who has caused or attempted to cause bodily injury or serious bodily injury, or who has placed another in fear of imminent serious bodily injury, or who sexually abused minor children.
- ☐ **Sexual Assault** Protection from someone who has committed non-consensual sexual contact.
- ☐ **Stalking** Protection from someone who has committed stalking conduct, such as following or harassing another person knowing it would cause them to feel intimidated, frightened, or threatened, and serves no lawful purpose.

- I am asking the Court to issue an Order of Protection pursuant to 7 GCA Chapter 40, 40A, or 40B, as applicable. My full name is written above as **“Petitioner.”**
- Whom should the order restrain? (“Respondent” or “Restrained Person”)** Fill out all information known to you.

Full Name:

Date of Birth:

Residence:

Mailing Address
(if different from
above):

Telephone Number:

Respondent Speak English?

☐ Yes ☐ No

If no, what language does Respondent speak?

| | | | |
|--|------------------|---------------------|---------|
| Sex: <input type="checkbox"/> (M) <input type="checkbox"/> (F) | Race: | Skin Tone: | Height: |
| Weight: | Eye Color: | Hair Color: | |
| Driver's License #: | State Issued: | Expiration Date: | |

3. **Whom should the order protect?** (The selected person is also called a **“Protected Person(s).”**) Check all that apply.

☐ **Me.**

Full Name of Petitioner:

Date of Birth:

Speak English?

☐ Yes ☐ No

If no, what language do you speak?

☐ **Minor Children.**☐ I am the minor's ☐ parent ☐ legal guardian ☐ custodian.☐ I am age 18 or older and the minor is a member of my family or household. (*For family violence petitions only.*)

| Child's Name | Date of Birth | Gender | Lives With | How related to you | How related to Restrained Person |
|--------------|---------------|--------|------------|--------------------|----------------------------------|
| | | | | | |

| Child's Name | Date of Birth | Gender | Lives With | How related to you | How related to Restrained Person |
|--------------|---------------|--------|------------|--------------------|----------------------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

☐ **Someone other than myself or a minor.** State name(s): _____

4. **Service address.** Select one or more addresses you will use to receive legal documents. Your selection may be disclosed to Respondent.

Attorney name:

Mailing Address:

Residential Address:

Email
(if you agree to receive legal documents by email):

How do you (or the Protected Person) know the Respondent?

5. **Check all the ways the protected person is connected or related to the restrained person:**

☐ **Intimate Partners** – Protected person and restrained person are:

- ☐ current or former spouses or domestic partners
☐ parents of a child-in-common (unless child was conceived through sexual assault)
☐ currently or formerly dating who:
☐ never lived together ☐ live or have lived together

☐ **Family or household members** – Protected person and restrained person are family or household members because they are:

- ☐ parent and child ☐ stepparent and stepchild

☐ grandparent and grandchild ☐ parent's intimate partner and child

☐ current or former cohabitants as roommates

☐ person who is or has been a legal guardian

☐ related by blood or marriage (specify how: _____)

☐ **Other** - (examples: coworker, neighbor, acquaintance, stranger)

(specify connection: _____)

☐ **No Relationship**

Are there other court cases involving the parties or any children?

6. Have there been any other court cases between any of the people involved in this case, or about any children?

☐ No ☐ Yes. If yes, fill out below.

| Type of Case (examples: civil, divorce, criminal, child support, custody, guardianship, etc.) | Court (Territory, City, County and/or State) | Case Number (if known) | Status (active, dismissed, pending, expired, unknown) |
|---|--|----------------------------------|---|
| | | | |
| | | | |
| | | | |

Other details:

DO YOU NEED IMMEDIATE PROTECTION? If yes, you can ask for a *Temporary Protection Order* that starts immediately and before the restrained person gets notice. This protection can last up to 14 days or until the court hearing (whichever comes first).

7. **Do you need a Temporary Protection Order?**

☐ Yes ☐ No

If Yes, explain why. What serious immediate harm or irreparable injury could occur if an order is not issued immediately without prior notice to the restrained person?

If you are seeking a Temporary Protection Order, do you want a temporary order that requires the restrained person to give up all firearms, other dangerous weapons, and concealed pistol licenses, and prohibits the restrained person from getting more?

☐ Yes ☐ No

If Yes, explain why.

What protections do you need? Check **everything** you want the court to consider ordering Respondent to do or not do.

☐ Stop Respondent from harassing, abusing, threatening, using or attempting to use physical force or cause bodily injury to me and other protected persons;

☐ Stop Respondent from telephoning, contacting, or communicating with me and other protected persons, unless otherwise allowed by the Court;

☐ Stop Respondent from coming within five hundred (500) feet of me, my place of residence, my place of employment, or the minor child(ren), unless otherwise allowed by the Court;

☐ Stop Respondent from removing and excluding me or others from my residence;

☐ Order the following wireless telecommunications service provider to, without charge, penalty, or fee, to do the following:

Name of wireless telecommunications service provider: _____

Telephone number(s): _____

☐ transfer the billing authority and all rights to the above wireless telephone number(s) to me even if I am not the account holder of the shared wireless plan

☐ transfer the billing authority and all rights to the wireless telephone number or numbers of a shared wireless plan to _____ who shall serve as the account holder

☐ remove or release my name from a shared wireless plan with Respondent or under Respondent's name and assign a substitute telephone number or numbers to me.

☐ **Surrender Weapons:** Respondent must immediately surrender any firearms, other dangerous weapons or concealed pistol licenses to law enforcement and not access, possess, have in their custody or control, purchase, receive, or attempt to purchase or receive any of those items.

Important! *The court may be required to order the restrained person to surrender firearms, other dangerous weapons, or concealed pistol licenses even if you do not request it.*

Does the restrained person ☐ own or ☐ have access to firearms?

☐ Yes ☐ No ☐ I don't know

Complete the **Attachment: Firearms Identification** if Yes.

Would the restrained person's use of firearms or other dangerous weapons be a serious and immediate threat to anyone's health or safety?

☐ Yes ☐ No ☐ I don't know

Even if the restrained person does not have firearms now, has the restrained person ever used firearms, other weapons, or objects to threaten or harm you?

☐ Yes ☐ No

If Yes, describe what happened.

Is the restrained person already not allowed to have firearms?

☐ Yes ☐ No ☐ I don't know

If Yes, why?

☐ I would like the Court to refer me to legal services.

☐ Other Relief:

ADDITIONAL REQUESTS FOR PERSONS SEEKING PROTECTION FROM FAMILY VIOLENCE.

If you selected a Family Violence Protection Order on page 1, you may request the following additional relief, if applicable.

☐ **Custody** (Only for children the protected and restrained person have together): I request temporary care, custody, and control of

☐ the minors named on page 2 and 3, or any continuation of item number 3.

☐ these minors only:

Exceptions for Visitation and Transportation (including exchanges, meeting location, and pickup and drop off) of Minors (if any): _____

(Visitation listed here will be an exception to any provisions requested on page 5).

☐ **Child Support.** I request that the Court require Respondent, who has a legal duty to support minor children in common with myself, to pay financial support in the amount of \$ _____ per _____ (day/week/month).

☐ **Assets:** I request an Order that Respondent may not transfer jointly owned assets and turn over the checkbook for any joint bank accounts.

☐ I request Respondent to pay rental payments or mortgage payments for my address at:

☐ I request the Court grant me possession of the shared residence at the following address:

☐ Prevent Respondent from taking any action that could result in the termination of any necessary utility services or services related to the family dwelling or this dwelling

☐ Prevent Respondent from taking any action that could result in the cancellation, change of coverage, or change of beneficiary of any health, automobile, or homeowners insurance policy to the detriment of myself, any dependent child, or any or children in common with myself

☐ I request Respondent provide suitable, alternative housing for me and other protected persons.

☐ **Vacate shared residence:** I request the restrained person immediately vacate the shared residence.

The restrained person may take the restrained person's clothing, personal items needed during the duration of the order, and these items from the residence while a law enforcement officer is present:

☐ **Vehicle:** I request the protected person shall have use of the following vehicle:

Year: _____ Make: _____ Model: _____ License #: _____

☐ I request that Respondent turn over documentation of health, automobile or homeowners insurance, documents needed for purposes of proving identity, a key, or other necessary specified personal effects:

☐ **Pay Fees and Costs:** I request the restrained person must pay fees and costs of this action. This may include administrative court costs, service fees, and the protected person's costs including lawyer fees.

ADDITIONAL REQUESTS FOR PERSONS SEEKING PROTECTION FROM STALKING. If you selected a Stalking Protection Order on page 1, you may request the following additional relief, if applicable.

☐ **Stalking Behavior:** I request that the restrained person not harass, follow, monitor, keep under physical or electronic surveillance, cyber harass, or use phone, video, audio or other electronic means to record, photograph, or track locations or communication, including digital, wire, or electronic communication of:

- ☐ the protected person ☐ the minors named in section 2 above
- ☐ these minors only:

☐ these members of the protected person's household:

☐ **Evaluation:** I request that the restrained person get an evaluation for:

- ☐ mental health ☐ chemical dependency (drugs and alcohol)

☐ **Personal Belongings:** I request the protected person shall have possession of essential personal belongings, including the following:

How long do you need this order to last?

8. Length of Order

I need this order to last for: (*specify how long*):

If you specified more than one year, briefly explain why.

Why do you need a protection order? What happened? This is your statement where you tell your experience.

Be as specific and descriptive as possible. Put the date, names, what happened, and where. Use names rather than pronouns (he/she/they) as much as possible. If you cannot remember the date, put the time of year it happened (around a holiday, winter, summer, how old your child was), or about how long ago.

For all of the questions below, include details:

- Who did what?
- When did this happen?
- How were any statements made? (in person, mail, text, phone, email, social media)
- How did this make you, the minor, or the vulnerable adult feel?

If you need more space to answer any of the questions below, use attach additional pages.

Privacy Warning! The restrained person will see this Petition and any other evidence you file with the court. This information is also available in a public court file. At the end of this form, you can make request to keep certain information confidential.

- 9. Most Recent Incident.** What happened most recently that made you want a protection order? This could include violent acts, fear or threats of violence, coercive control, nonconsensual sexual conduct or penetration, sexual abuse, harassment, stalking, hate crimes.

10. **Past Incidents.** What happened in the past that makes you want a protection order? This could include violent acts, fear or threats of violence, coercive control, nonconsensual sexual conduct or penetration, sexual abuse, harassment, stalking, or hate crimes.

11. **Medical Treatment.** Describe any medical treatment you received for issues related to your request for protection.

12. **Suicidal Behavior.** Describe any threats of self-harm or suicide attempts by the restrained person.

13. **Minors Needing Protection, if any** *(If the information is not already included above.)*

Has there been any violence or threats towards children? How have the children been affected by the restrained person's behavior? Were the children present during any of the incidents described above? Describe and give details.

14. **Supporting Evidence** *(Include anything else you want the court to see that helps prove what you are saying is true. You are responsible for filing your supporting evidence, including police reports, if any. Before you file any evidence, you can black out (redact) any sensitive information. Examples:*

your home address and account numbers (leave last 4 digits). If you have audio or video evidence, contact the court for how to submit.)

☐ I am submitting the following evidence with this Petition (*check all that apply*):

☐ Pictures

☐ Text/email/social media messages

☐ Voice messages (written transcript)

☐ Written notes/letters/mail

☐ Police report

☐ Declaration or statement from witness(*name/s*): _____

☐ Other (*describe*): _____

Privacy Warning! The Restrained Person will see this Petition and any other evidence you file with the court. All parties, court staff, and authorized volunteers may have access to these documents. This information is also available in a public court file. You may request that documents and information be kept from public disclosure or disclosure to the opposing party. Your request may be granted or denied.

Please indicate here if you are requesting that the Court mark any documents as sealed (protected from public disclosure) or review certain documents in camera (protected from disclosure to the Respondent, and explain why:

I CERTIFY, UNDER PENALTY OF PERJURY UNDER THE LAWS OF GUAM, THAT ALL THE INFORMATION PROVIDED IN THIS PETITION AND ANY ATTACHMENTS IS TRUE AND CORRECT.

☐ I have attached (*number*): _____ pages.



Sign here

Print name

Date: _____

Attachment: Firearms Identification

Complete this attachment if the restrained person owns or has access to firearms or other dangerous weapons.

1. Does the restrained person ☐ own and/or ☐ have access to any firearms?
☐ Yes ☐ No ☐ Unknown
2. Does the restrained person purchase, own, or have access to parts that could be assembled into a working firearm (example: ghost guns)? ☐ Yes ☐ No ☐ Unknown
3. Does the restrained person have a concealed pistol license (CPL)?
☐ Yes ☐ No ☐ Unknown
4. When was the last time you saw the firearms? _____
5. Do you know where the restrained person keeps the firearms? ☐ Yes ☐ No
 If yes, check all that apply:
☐ On their person ☐ In their car ☐ In their home ☐ Storage unit ☐ In a safe
6. To the best of your knowledge, are the firearms typically loaded?
☐ Yes ☐ No ☐ Unknown
7. How important are the firearms to the restrained person?
☐ 1 (not very important) ☐ 2 ☐ 3 ☐ 4 ☐ 5 (very important) ☐ Unknown
8. What does the restrained person generally use the firearms for, if known? (*check all that apply*):
☐ Hunting ☐ Collecting ☐ Target Shooting ☐ Protection ☐ Work
☐ Other: _____
9. Does the respondent possess explosives? ☐ Yes ☐ No ☐ Unknown
10. Does the restrained person own or possess any other dangerous weapons you believe should be surrendered? ☐ Yes ☐ No ☐ Unknown.

If yes, list them here:

The pictures below are examples of the most common firearms. If you recognize any of the pictures below as similar to the firearms the restrained person has, please check it and write in how many they have of each.

☐ **Handgun(s)** (how many) _____☐ **Unassembled Firearm** (how many) _____☐ **Rifle(s)** (how many) _____☐ **Shotgun(s)** (how many) _____☐ **Other firearm(s)** (describe):