

**WHITE EARTH BAND OF OJIBWE  
TRIBAL COURT**

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In the Matter of:

\_\_\_\_\_  
Petitioner (first, middle, last)

**Petitioner's Affidavit  
and Petition for  
Order for Protection**

vs.

\_\_\_\_\_  
Respondent (first, middle, last)

File No. \_\_\_\_\_

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READ THE INSTRUCTIONS BEFORE FILLING OUT THESE FORMS.

I, being sworn/affirmed on oath, state that:

1. I am the Petitioner (the person requesting the order) in this action. This affidavit supports my request for an Order for Protection (OFP).

**General Information**

2. A. My address is \_\_\_\_\_  
(Note: You may provide your address separately if you want it to be confidential.)  
My date of birth is \_\_\_\_\_.

B. I am a  female  male and my race is \_\_\_\_\_

3. A. Respondent's address is \_\_\_\_\_  
and date of birth is \_\_\_\_\_. (If Respondent is under 18 years old, service must be made on parent or guardian of Respondent, as well as Respondent.)

B. Respondent is a  female  male and his/her race is \_\_\_\_\_  
(This information is necessary for Federal reporting requirements.)

4. My relationship with the Respondent(s) is as follows (check all that apply):  
 Husband/Wife (date of marriage \_\_\_\_\_)  
 Former husband/wife (date of marriage \_\_\_\_\_)  
 Living together

- Lived Together (from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_)
- Have a child together
- Have an unborn child together
- Parent/child
- Related by blood
- Significant romantic or sexual relationship (if checked, answer items below):
  - How long did the relationship last? \_\_\_\_\_
  - How often did you have contact with Respondent? \_\_\_\_\_
  - Length of time since the relationship ended: \_\_\_\_\_

5. I am (or have been) involved with the Respondent in the following court actions:

Type of action	County	Date
<input type="checkbox"/> Marriage dissolution/divorce	_____	_____
<input type="checkbox"/> Custody	_____	_____
<input type="checkbox"/> Paternity	_____	_____
<input type="checkbox"/> Domestic abuse related charges	_____	_____
<input type="checkbox"/> Domestic abuse related convictions	_____	_____
<input type="checkbox"/> Child protection	_____	_____

### Abuse Information

For an explanation of what constitutes domestic abuse, see page 1 of the instructions.

6. I  have /  have not been involved with the Respondent in a prior application for an order for protection. (If you have been involved in a prior application for an order for protection, fill in the following):

a. County where application was filed: \_\_\_\_\_

b. Date filed: \_\_\_\_\_

c. Name of Judge or judicial officer: \_\_\_\_\_

d. Result:

Temporary Ex Parte Order only (petitioner withdrew application or failed

to appear)

OFP granted; expiration date: \_\_\_\_\_

OFP denied



9. As a result of the domestic abuse, I have: (Attach any medical or police records to this Affidavit or bring them with you to court.)

- had contact with law enforcement \_\_\_\_\_
  - sought medical help \_\_\_\_\_
- (Indicate dates and location if possible.)

10. Respondent and I are the parents of the following minor child (ren) (See paragraph 10 of the instruction sheet):

Name(s)	Gender	Date(s) of birth	Race	Person who child (ren) are with now	Court Action involving child (ren) (Indicate county/tyt /
_____	_____	_____	_____	_____	/
_____	_____	_____	_____	_____	/
_____	_____	_____	_____	_____	/
_____	_____	_____	_____	_____	/
_____	_____	_____	_____	_____	/

11. Other minor child (ren) who are involved:

Name(s)	Gender	Date(s) of birth	Race	Person who child (ren) are with now	Your relationship to child (ren)
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

12. a.  Custody of the minor child (ren) listed below should be awarded to me.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

b.  Respondent should have the following parenting time (visitation) with the minor child (ren).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

c.  Respondent's parenting time (visitation) with the minor child (ren) should be  restricted or  supervised.

d. I am seeking the above relief because:

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13. Additional Information:

a. I am seeking  child support /  spousal maintenance /  medical support/health insurance. (If you are seeking child support or maintenance, please fill out this section.)

My income is \$\_\_\_\_\_ per month, from \_\_\_\_\_  
(source). I have monthly expenses of \$\_\_\_\_\_, including \$  
for minor child (ren). Respondent's income is \$\_\_\_\_\_ per month, from \_\_\_\_\_  
\_\_\_\_\_ (source). Address of Respondent's employer: \_\_\_\_\_

b. I have childcare costs of \$\_\_\_\_\_ per month because of employment  
or school.

c.  My or  the child's (ren's) health insurance is provided by \_\_\_\_\_

d. Other information: \_\_\_\_\_

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14. As a result of the respondent's acts of domestic abuse, I am seeking restitution in the amount of

\$\_\_\_\_\_ for the following expenses: \_\_\_\_\_

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(See paragraph 14 of the instruction sheet.)

**Requests for Court Action**

15.  An emergency exists and I fear immediate and present danger of further acts of domestic violence.

16. Based on this affidavit, I am asking the court to give me the following immediate protection:

- Restrain and enjoin Respondent from causing me or the minor child (ren) any physical harm, and from causing me or the minor child (ren) fear of immediate physical harm.
  - Direct Respondent to have no contact with me or the minor child (ren), whether in person, with or through other persons, by telephone, letter or in any way.
  - Exclude Respondent from:
    - the dwelling we share.
    - the place where I live:  Petitioner's address is confidential  
 Address: \_\_\_\_\_
    - the place where I work: Name \_\_\_\_\_  
Address: \_\_\_\_\_
  - Order Respondent to continue all currently available insurance coverage without change in coverage or beneficiaries
  - Other:
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17.  I request a hearing. (If you wish to have this order enforced in any other state, you must request a hearing.)

18. Based on this affidavit and any additional information before the court after a full hearing, I request the following, in addition to those items requested above: (If you request any of the following, a hearing will be held.)

- Exclude Respondent from a reasonable area surrounding my residence.
  - Grant me sole legal and physical custody of the child (ren), subject to the following parenting time (visitation) to the Respondent (see question 12):
    - No parenting time (visitation)
    - Supervised parenting time (visitation)
    - Parenting time (visitation) subject to the following conditions:
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Direct Respondent to pay a reasonable amount of money for the support of our minor child (ren).

Direct Respondent to pay a reasonable amount of money for maintenance for me.

Award me temporary use and possession of personal property and restrain respondent from disposing of or destroying property.

Restitution in the amount of \$\_\_\_\_\_. (See question 14)

Direct that the following counseling, treatment, or other social services be provided to Respondent:

Domestic Abuse program

Alcohol/chemical dependency evaluation and treatment

Other

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Direct the local law enforcement agency to provide the following assistance:

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Provide other relief as necessary for the protection of me and the minor child (ren).

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19. I further request such other relief at the time of the full hearing as the Court finds necessary for the protection of a family or household member, including orders or directives to law enforcement agencies.

Dated: \_\_\_\_\_  
\_\_\_\_\_

Signature *(Sign only in front of notary public or court administrator.)*

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

(If your address is confidential, provide the following ONLY on the *Petitioner's Information Sheet.*)

Sworn/affirmed before me this  
\_\_\_\_\_  
\_\_\_\_\_ day of \_\_\_\_\_,  
\_\_\_\_\_.

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Notary Public \ Deputy Court Administrator