



Orutsararmiut Tribal Court

ORUTSARARMIUT NATIVE COUNCIL- TRIBAL COURT

117 Alex Hately

P.O. BOX 406 Bethel, Alaska 99559

P: (907) 543-2608 F: (907) 543-2639

\_\_\_\_\_ )  
**Petitioner (protected person)** )  
 \_\_\_\_\_ )  
 \_\_\_\_\_ )  
 \_\_\_\_\_ )  
**Minor Children (if any)** ) **Case No.** \_\_\_\_\_ )  
 \_\_\_\_\_ )  
 \_\_\_\_\_ )  
 \_\_\_\_\_ )  
**Respondent (restrained person)** ) **Tribal Court Phone Number:**  
**(907)543-0521**

**PETITION FOR DOMESTIC VIOLENCE PROTECTIVE ORDER**

1. Who is seeking protection: (Check all that apply)
- Petitioner: Name & Date of Birth: \_\_\_\_\_
  - Petitioner on behalf of children (list the names and birth dates of the minors below)
- \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

2. Type of Order (Check all that apply):
- 20 Day Protective Order  
 A 20 Day Protective Order can take effect immediately and without prior notice to the respondent.
  - Long-Term Protective Order  
 A Long-Term Order requires prior notice and hearing with the respondent



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7. Has the respondent been involved in other instances of domestic violence with the petitioner in the past or with someone else?

- No
  - Yes (If yes, describe) \_\_\_\_\_
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8. Protections Requested: (Check all that apply)

- Respondent not to threaten or commit acts of domestic violence, stalking, harassment.
- Respondent not to have direct contact with petitioner (no physical or in person contact)
- Respondent not to have indirect contact with petitioner (no telephone, email, social media, passing messages from other individuals, etc.)
- Respondent to leave and stay away from petitioner's residence located at:

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- Respondent to stay away from other locations (petitioner's work, children's school, etc.) located at (place and location)
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- Respondent not to use vehicle (describe vehicle) \_\_\_\_\_
- Respondent not to possess or use controlled substances
- Petitioner to be awarded temporary possession and use of the following regardless of ownership (check all that apply):

- house keys children's belongings mailbox keys clothes
- children's medicine toiletries Medicare/Medicade coupons
- food stamps pet(s) named \_\_\_\_\_ Birth certificates belonging to \_\_\_\_\_ tribal ID of \_\_\_\_\_
- Tribal enrollment card Certificate of Indian blood

- Respondent not to sell or dispose of joint property
  - Other requests \_\_\_\_\_
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Long-Term Protections Requested (if any)

Requested (In addition to the protections listed above, petitioner requests the following be included in the long-term order (please note that the items below cannot be granted in a short-term protective order)

- Respondent not to use or possess a deadly weapon, including a firearm.
- Respondent to surrender any firearm owned or possessed by the respondent.
- Respondent to pay to the costs and fees petitioner paid in bringing this action, in the amount of \$ \_\_\_\_\_.
- Respondent to pay petitioner or the person(s) named below for expenses associated with the domestic violence (such as medical expenses, counseling, shelter, and repair or replacement of damaged property) described below: Pay to \_\_\_\_\_ Type of Expense \_\_\_\_\_ Amount \$ \_\_\_\_\_
- Respondent to enroll in and complete at respondent's expense
  - Program for rehabilitation of batterers
  - Treatment for substance abuse
- Other requests for long-term protection \_\_\_\_\_

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

Request as to the Children (if Petitioner seeking protection for minors as well)

- Award petitioner temporary custody of the minor child(ren) below (Child(ren) full name, date of birth, petitioner's relationship to child(ren))

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

- Petitioner has the child(ren) in their custody
- Who has the child(ren)? \_\_\_\_\_
- Child support is requested in the amount of \$ \_\_\_\_\_
- Respondent is employed at \_\_\_\_\_ and monthly income is \$ \_\_\_\_\_, if granted checks should be sent to:

- 
- List any other domestic violence cases between you and respondent (criminal or civil, and open and closed cases with tribe or state court):
- 
- 

- Is there assistance requested from law enforcement, if any, (such as an escort to the home for respondent to pick up belongings): \_\_\_\_\_
- 
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Information about the Respondent:

Respondent full name: \_\_\_\_\_

Respondent nicknames or other names used: \_\_\_\_\_

Respondent's mailing and physical address: \_\_\_\_\_

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Respondent's phone number(s): \_\_\_\_\_

Respondent's identifying information (date of birth, race, height, weight, hair color, eye color, other identifiers):

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Is the Respondent in jail? If yes, please list where: \_\_\_\_\_

Information about Petitioner:

Petitioner's full name: \_\_\_\_\_

Petitioner's nicknames or other names used: \_\_\_\_\_

Petitioner's mailing and physical address: \_\_\_\_\_

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Petitioner's phone number(s): \_\_\_\_\_

I swear or affirm that the information I provided in this petition is true to the best of my knowledge and belief.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Petitioner's Signature

\_\_\_\_\_  
Petitioner Name

Subscribed and sworn to before me at \_\_\_\_\_, Bethel, Alaska, on \_\_\_\_\_, day of \_\_\_\_\_, 20\_\_\_\_,

SEAL

\_\_\_\_\_  
Notary Public or other person authorized to administer oaths  
My commission expires on:

OR

No notary was available, but petitioner will affirm under oath at the hearing