

**Petition for Order of Protection
and Order for Hearing for Elderly or Vulnerable Adult
Pursuant to T.C.A. §71-6-124**

Case # (the clerk fills this in):

In the _____ Court of _____ County, TN

Petitioner (person needing protection):

_____ **DOB:** _____
first middle last

Check if Applicable:

This request is being made by a relative of the Petitioner pursuant to TCA §71-6-124(a)(1)(A)

Name: _____ Date of Birth: _____

Relationship to Petitioner: _____

This request is being made by Conservator of the Petitioner pursuant to TCA §71-6-124(a)(1)(A)

Name: _____ Date of Birth: _____

This request is being made by agent of the Tennessee Commission on Aging and Disability (TCAD) pursuant to TCA §71-6-124(a)(1)(A)

Name: _____ Title: _____

This request is being made by a designated agency or assignee of the relative, or the Conservator of Petitioner or by TCAD pursuant to TCA §71-6-124(a)(1)(A)

Name: _____ Agency or Assignee: _____

This request is being made by Attorney Ad Litem of the Petitioner pursuant to TCA §71-6-124(a)(1)(A)

Name: _____ BPR#: _____

This request is being made by a law enforcement officer pursuant to TCA §71-6-124(a)(1)(D)

Name: _____ Law Enforcement Agency: _____

Respondent's Information (person you want to be protected from):

first *middle* *last* *date of birth (MM/DD/YYYY)*

street address *city* *state* *zip*

Respondent's Employer: _____
Employer's name *Employer's phone #*

Relationship to Petitioner: _____

Describe Respondent:

Sex	Race	Hair	Eyes	Height – Weight – SSN – Other	
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> White	<input type="checkbox"/> Black	<input type="checkbox"/> Brown	Height	
	<input type="checkbox"/> Asian	<input type="checkbox"/> Grey	<input type="checkbox"/> Hazel	Weight	
	<input type="checkbox"/> Black	<input type="checkbox"/> Blond	<input type="checkbox"/> Blue	Social Sec. #	(Provided to Clerk's office if known) Do not list it here. XXXXXXXXXXXXXXXXXXXXXXXX
	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Bald	<input type="checkbox"/> Green	Scars/Special Features	
	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Brown	<input type="checkbox"/> Gray	Phone Number	
	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____			

- 1) Check all the following that apply to the Petitioner:
- a. I am the Petitioner.
 - b. I am the person filing this petition for the Petitioner and I have first hand knowledge that the Petitioner does not have the capacity to consent to the Petition for an Order of Protection or it is not safe for the Petitioner to petition or appear in court.
 - c. Other: _____
 - d. I am a law enforcement officer responding to an incident involving an elderly or vulnerable adult victim who has:
 - i. consented to the filing, or
 - ii. lacks capacity to consent

Warning!
 Weapon involved
 Type (Firearm, Knife, etc): _____

- 2) **Other Court Cases** – Is there any court, other than this court, in which the respondent and petitioner are parties to an action?
 Yes No If "Yes," fill out below:
- County and State of other case: _____ Case Number (if you know it): _____
- Kind of case (check all that apply): Divorce Domestic Violence Criminal Juvenile Child Support
 Other (specify): _____

3) **Describe Abuse** – (use additional sheets of paper if necessary and attach to Petition)

Describe abuse, physical neglect, physical assault, financial exploitation or sexual exploitation (include, IF APPLICABLE, information about abuse or fear of abuse), personal property or animals)

Where and when did this happen? Was it reported to law enforcement or other agency?
Describe any weapons used.

Petitioner asks the court to make the following Orders after the hearing: (check all that apply)

- 4) **No Contact**
 Please order the Respondent to not contact: me either directly or indirectly, by phone, email, messages, text messages, mail or any other type of communication or contact.
- 5) **Stay Away**
 Please order the Respondent to stay away from my home my workplace or from coming about me for any purpose.
- 6) **Personal Conduct**
 Please order the Respondent not to:
 Cause intentional damage to my property or interfere with the utilities at my home.
- 7) **Move-out / Provide other housing**
 Please order the Respondent to move out of the shared residence immediately

 *Check here if your home or lease is in the Respondent's name **only**.*

 If the parties share a residence, please allow the Respondent to obtain his/her clothing and personal effects such as medicine and other things he/she may need.
- 8) **No Firearms**
 Please order the Respondent not to have, possess, transport, buy, receive, use or in any other way get any firearm.

- 9) **Relinquish all rights to the Petitioner's bank accounts, real estate and other financial benefits.**
- Please order the Respondent to refrain from threatening to misappropriate or further misappropriating any monies, state or federal benefits, retirement funds, or any other personal or real property belonging to the adult;
 - Please Order the return to the Petitioner, the Petitioner's caretaker, conservator, or other fiduciary any monies, state or federal benefits, retirement funds, or any other personal or real property belonging to the Petitioner obtained by the Respondent as a result of exploitation of the Petitioner or as a result of any other misappropriation of such funds or property of the Petitioner by the Respondent.

10) **Personal Care**
Please enjoin the Respondent from providing care for the Petitioner or working in any situation involving the care of the Petitioner.

11) **Costs, fees, and litigation taxes**
Please order the Respondent to pay all court costs, lawyer fees, and taxes for this case.

12) **Other Orders: (General Relief)** _____

I also ask the court to:

1. Make an immediate Temporary Order of Protection. (*Ex-Parte Order of Protection*)
2. Notify law enforcement in this county of that Order.
3. Serve the Respondent a copy of that *Order* and Notice of Hearing to take place within 15 days of service.

Petitioner (Conservator, relative, agent, agency or assignee, Attorney ad Litem, law enforcement personnel) signs below in front of a notary public and swears that he/she believes the above information is true:

_____ Date: _____

Notary fills out below (TCA §71-6-124) –

I declare that the Petitioner has read this Petition,
and swears it be true to the best of her/his knowledge.
Sworn and subscribed before me, the undersigned authority,

By (*Print name of notary*): _____

On this date: _____

Notary or Court Clerk or Judicial Officer signs here *Date notary's commission expires*

- The court finds good cause and will issue a Temporary Order of Protection.**
- The court does not find good cause and denies a Temporary Order of Protection -** The court finds there is no immediate and present danger of abuse to the petitioner and denies the Petitioner's request for a *Temporary Order of Protection*. The court will set the matter for hearing.

ORDER FOR HEARING

The Petitioner or Petitioner's Representative and Respondent must go to court and explain to the judge why the judge should or should not issue an Order of Protection against the Respondent.

This hearing will take place on *(date)*: _____ at *(time)*: _____ a.m. p.m.
at *(location)*: _____

▶ _____ Date _____
Judicial Officer's Signature

<p>Proof of Service of Petition, Notice of Hearing and Temporary Order of Protection:</p> <p>Respondent was served on <i>(date)</i>: _____ at <i>(time)</i>: _____ by <i>(check one)</i>:</p> <p><input type="checkbox"/> Personal service <input type="checkbox"/> U.S. Mail per TCA §§ 20-2-215 and 20-2-216 (The Respondent does not live in Tennessee.)</p> <p>_____ Server's signature</p> <p>_____ Print Name</p> <p>Petitioner was served on <i>(date)</i>: _____ at <i>(time)</i>: _____ by <i>(check one)</i>:</p> <p><input type="checkbox"/> Personal service</p> <p>_____ Server's signature</p> <p>_____ Print Name</p>	
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