

# Petition for Lifetime Order of Protection and Order for Hearing Pursuant to T.C.A. § 36-3-627

Case # (the clerk fills this in):  
\_\_\_\_\_

In the \_\_\_\_\_ Court of \_\_\_\_\_ County, TN

**Petitioner (person needing protection):**

\_\_\_\_\_ *first* \_\_\_\_\_ *middle* \_\_\_\_\_ *last*

**Petitioner's Children Under 18 that Petitioner believes are in need of protection:**

Name	Age	Relationship to Respondent	Name	Age	Relationship to Respondent
1. _____			3. _____		
2. _____			4. _____		

**Check All Applicable:**

Petitioner is under 18 and this Petition is being filed on behalf of an unemancipated person (someone under 18 years of age) pursuant to TCA §36-3-627(b).

This request is being made by a parent or guardian of the Petitioner.

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

This request is being made by caseworker at a not-for-profit organization that receives funds pursuant to TCA Title 71, Chapter 6, Part 2 for family violence and child abuse prevention and shelters and TCA § 36-3-627(b)

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

**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 #*

**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"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Other: _____	<input type="checkbox"/> Black <input type="checkbox"/> Grey <input type="checkbox"/> Blond <input type="checkbox"/> Bald <input type="checkbox"/> Brown <input type="checkbox"/> Other: _____	<input type="checkbox"/> Brown <input type="checkbox"/> Hazel <input type="checkbox"/> Blue <input type="checkbox"/> Green <input type="checkbox"/> Gray <input type="checkbox"/> Other: _____	Height	
				Weight	
				Social Sec. #	(Provided to Clerk's office if known) <b>Do not list it here. XXXXXXXXXXXXXXXXXXXXXXX</b>
				Scars/Special Features	
				Phone Number	



4) **Petitioner asks the court to make the following Orders after the hearing: (please check)**

**No Contact**

Please order the Respondent to not contact:  me  my children under 18, either directly or indirectly, by phone, email, messages, text messages, mail or any other type of communication or contact.

5) **If applicable, Petitioner also asks the court to: (please check)**

**Make an immediate Temporary Order of Protection. (Ex-Parte Order of Protection)**

-Notify law enforcement in this county of that *Order*.

-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 §36-3-627) –**

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*

**IF APPLICABLE:**

**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 Lifetime 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 a Lifetime 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*

**Proof of Service of Petition, Notice of Hearing and Temporary Order of Protection (if applicable):**

Respondent was served on (date): \_\_\_\_\_  
at (time): \_\_\_\_\_ by (check one):

- Personal service
- U.S. Mail per TCA §§ 20-2-215 and 20-2-216  
(The Respondent does not live in Tennessee.)

\_\_\_\_\_  
Server's signature

\_\_\_\_\_  
Print Name

Petitioner was served on (date): \_\_\_\_\_  
at (time): \_\_\_\_\_ by (check one):

- Personal Service

\_\_\_\_\_  
Server's signature

\_\_\_\_\_  
Print Name

*\*Please note, Respondent may be represented by counsel.*

**If the Petitioner is under 18 (or Petitioner is the department of children's services or a guardian ad litem filing on behalf of a minor)** and service of these documents would *not* put him/her at risk, the Clerk will serve and fill out below. (TCA § 36-3-627(b))

*I served the child's parents or primary residential parent copies of the Petition, Notice of Hearing, and Temporary Order of Protection (of applicable) by personal delivery or U.S. Mail on: (date): \_\_\_\_\_  
at (address): \_\_\_\_\_*

\_\_\_\_\_  
Clerk's signature: \_\_\_\_\_