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| Petition for Order of Protectionand Order for Hearing for Elderly or Vulnerable AdultPursuant to T.C.A. §71-6-124 In the ­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Court of County, TN | Case # *(the clerk fills this in):* |
| 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  |
| □ Male□ Female | □ White □ Asian□ Black □ Hispanic□ Other:                | □ Black □ Grey□ Blond □ Bald□ Brown□ Other: \_\_\_\_\_\_\_\_ | □ Brown □ Hazel□ Blue □ Green□ Gray□ Other: \_\_\_\_\_\_\_\_ | Height  |  |
| Weight |  |
| Social Sec. # | (Provided to Clerk’s office if known) **Do not list it here. XXXXXXXXXXXXXXXXXXXXX** |
| Scars/Special Features |  |
| Phone Number |  |

1) Check all the following that apply to the Petitioner:

***Warning!***
🞏 Weapon involved

Type (Firearm, Knife, etc):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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:

1. 🞏 consented to the filing, or
2. 🞏 lacks capacity to consent

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 of 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*

|  |  |
| --- | --- |
| **Proof of Service of Petition, Notice of Hearing and Temporary Order of Protection:**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 NamePetitioner was served on (date): at (time): by (check one): □ Personal service  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Server’s signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Print Name |  |