



PUEBLO OF LAGUNA COURT CIVIL COVER SHEET

This document is CONFIDENTIAL, and shall not be disclosed to the public. The purpose of this document is to assist the Court in keeping accurate records and making sure that we notify the correct parties of upcoming Court hearings.

Because you started this legal action, **you are called the Petitioner(s)**. The person(s) that you are bringing the action against **are called the Respondent(s)**.

***** Note:** To avoid unnecessary delay, it is important all information is filled in accurately or to the best of your knowledge.

PETITIONER:

Name: _____ DOB: ___ / ___ / ___ Social Security # _____ - _____ - _____

Tribal Affiliation: _____ Enrollment #: _____ Phone# (____) _____ - _____

Mailing Address: _____

Physical Address: _____

PETITIONER:

Name: _____ DOB: ___ / ___ / ___ Social Security # _____ - _____ - _____

Tribal Affiliation: _____ Enrollment #: _____ Phone# (____) _____ - _____

Mailing Address: _____

Physical Address: _____

RESPONDENT:

Name: _____ DOB: ___ / ___ / ___ Social Security # _____ - _____ - _____

Tribal Affiliation: _____ Enrollment #: _____ Phone# (____) _____ - _____

Mailing Address: _____

Physical Address: _____

RESPONDENT:

Name: _____ DOB: ___ / ___ / ___ Social Security # _____ - _____ - _____

Tribal Affiliation: _____ Enrollment #: _____ Phone# (____) _____ - _____

Mailing Address: _____

Physical Address: _____

IN THE TRIBAL COURT
PUEBLO OF LAGUNA
STATE OF NEW MEXICO

Case No. _____

PETITION FOR ORDER OF
PROTECTION
FROM DOMESTIC ABUSE

Petitioner,
v.

Respondent.

I, (name of person filing) _____, petition the Court for an Order of Protection from Domestic Abuse against the Respondent (name of person I am filing against) _____, under the Pueblo of Laguna Family Protection Code §301 based on the following:

1. I, the Petitioner (person filing), _____, am: an enrolled member of the Pueblo of Laguna; an enrolled member of the _____ Pueblo/Tribe; a non-member residing within the Territorial Jurisdiction of the Pueblo of Laguna in Laguna, New Mexico; OR

Petitioner _____ is a minor or child and this petition is filed by _____ on her/his behalf as the:

parent guardian custodial representative (specify): _____.

2. The Respondent (person I am filing against), _____, is: an enrolled member of the Pueblo of Laguna; an enrolled member of the _____ Pueblo/Tribe; a non-member residing within the Territorial Jurisdiction of the Pueblo of Laguna or a non-member residing outside the Territorial Jurisdiction of the Pueblo of Laguna at _____.

3. I, the Petitioner am:

a current or former family or household member of the Respondent;
 involved in an intimate relationship with the Respondent, or was formerly involved with, in an intimate relationship with the Respondent.

The Respondent is: a current or former spouse or domestic partner; the (circle one) father/mother of my child(ren), including, my unborn child; a person who

is living with me or has lived with me; a person who is involved with or has been involved with me in a sexual or otherwise intimate, ongoing dating relationship, this includes persons who are identified in the community as boyfriend and girlfriend regardless of age or sexual orientation.

OR

The Petitioner is: a child(ren) of the parties involved in a relationship described above; OR a person who is related by blood, or formerly related by law to the Respondent by marriage as recognized by the Pueblo of Laguna.

4. I am in imminent danger of physical harm

Respondent has the following weapons: _____

I am not in imminent danger of physical harm.

5. **Domestic Abuse:**

a. The Respondent committed the following act(s) of domestic abuse against me or _____: *(Describe when, where and what happened. You may attach a statement of facts if needed. Be specific.)*

Date: _____ Time: _____ a.m. p.m. Location: _____

Physical abuse: _____

Threats which caused fear that you or any household member would be injured:

Other abuse (including emotional, verbal, sexual, stalking, damage to property):

b. Others present during abuse: _____

c. Did drugs or alcohol play a role in the domestic abuse? yes no

d. Were weapons used during the abuse? yes no

If yes, what weapons? _____

e. Has there been prior domestic abuse? yes no

If yes, please Describe and Be Specific:

6. I have children Not applicable

a. List minor child[ren] of either party.

Name	Date of Birth	Relationship of Child to You	Relationship of Child to Respondent

b. Respondent has abused the above child[ren] (Describe any child abuse):

c. Respondent has not abused the above child[ren].

d. List address and with whom the child[ren] are currently living (List each child separately if child[ren] do not reside with same person):

e. List each address where the child[ren] have lived during the last five (5) years: (List each child separately if child[ren] do not reside with same person):

f. Does anyone else have physical custody of the child[ren] or claim to have custody or visitation rights? yes no

If yes, complete the following for the child[ren]:

Child's name	Person claiming rights	Custody Yes/No	Visitation? Yes/No

7. The following divorce, separation, order of protection, child support, paternity, abuse or neglect cases have been previously filed by me, the respondent or the state:

Type of Case	Year Filed (if known)	Case Number (if known)	Where filed (city and state)

8. Mark any that apply.

- Respondent owns the property on which I am living.
 I have no legal interest in this property.

9. I REQUEST THAT THE COURT: (mark any of the following boxes that apply)

- Prohibit the Respondent from threatening to commit or committing acts of domestic abuse against myself or against: _____
- Prohibit the Respondent from harassing, intimidating, stalking, telephoning, writing, e-mailing, contacting or otherwise communicating with the Petitioner directly or indirectly, through family members, relations by marriage, friends and co-workers;
- Prohibit the Respondent from using or possessing a firearm or other weapon (specify weapon) _____;

- Prohibit the Respondent from possession or consumption of alcohol or controlled substances;
- Require the Respondent to participate in alcohol and other assessments and to participate in treatment programs available through Laguna Service Center;
- Require the Respondent to undergo a psychological evaluation and to comply with any resulting recommendation for counseling;
- Require the Respondent to remove his/her essential personal belongings from my residence, and direct a tribal law enforcement officer to supervise the Respondent's removal of personal belongings from my residence. *Specify or list personal belongings:* _____
- Direct a tribal law enforcement officer to accompany my removal of personal belongings from Respondent's residence.
- Direct a tribal law enforcement officer to remove and exclude Respondent from my residence at: _____
- If Respondent owns or leases the residence and I have no legal interest in the residence, Order the Respondent to avoid the residence located at: _____ for *Specify time period:* _____ (a reasonable length of time) until I relocate;
- Exclude Respondent from my residence, school, and place of employment at any time I am present;
- Exclude Respondent from other specified locations frequented by me, specifically *(building or location):* _____
- Exclude Respondent from specified public social events and activities, which are as follows: _____;
- Order temporary custody of the following minor children to the Petitioner: _____

- Limit contact with minor children of Respondent, where necessary, to *(specify limits, i.e., time/location)* _____ to protect me and my children;

- Prohibit contact with minor children of Respondent: *(List children and dates of birth)* _____, where necessary, to protect me and the children;
- Refer minors who are family or household members for assessments and services to Laguna Social Services program;
- Require Respondent to participate in and complete counseling and domestic violence classes provided by Laguna Family Services;
- Require Respondent to reimburse me or any other person for any expenses associated with the domestic or family violence, including but not limited to medical expenses, counseling, shelter, and repair or replacement of damaged property;
- Prohibit Respondent from selling, removing, pawning, hiding, destroying, or damaging any of my or our property;
- Require that notice of Respondent's act(s) of domestic and family violence be given to village officials or other(s) of appropriate jurisdiction where the act(s) occurred by providing a copy of the Order issued by the Court to the village officials or other(s) at: (name of village or jurisdiction) _____.
- Any other relief as the Court deems necessary to protect and provide for the safety of the Petitioner and any designated family or household member, specifically: _____

10. INFORMATION ABOUT THE PETITIONER:

- I DO NOT WANT THE RESPONDENT TO KNOW MY ADDRESS NOW OR AFTER THE HEARING FOR THE FINAL ORDER OF PROTECTION. I WILL PROVIDE THE COURT WITH MY CONTACT INFORMATION ON A SEPARATE FORM WHICH WILL BE KEPT CONFIDENTIAL AND NOT BE RELEASED TO THE RESPONDENT.

OR

- My physical address is:
 My mailing address is:
 My telephone numbers are:
- | | | |
|------|------|------|
| Home | Work | Cell |
|------|------|------|

11. INFORMATION REGARDING NOTICE TO RESPONDENT *(check one)*

- I have not told the Respondent that I am filing a petition to ask the court for an order of protection because I believe irreparable harm would result if I told

Respondent before coming to court. (Describe what might happen to you or what you are afraid might happen if the Respondent knew you were asking for a court order of protection): _____

I have told Respondent that I am filing this petition.

12. LOCATION OF RESPONDENT:

a. Respondent may be found at:

Address(physical location & mailing address): _____

City or village: _____

State and Zip: _____

Additional Information on Respondent

Home telephone number: _____

Employer: _____

Work Address: _____

Work Telephone number: _____

b. Is respondent in jail? yes no

Respondent's Information

<i>Date of Brth</i>	<i>Sex</i>	<i>Race</i>	<i>Height</i>	<i>Weight</i>	<i>Hair Color</i>	<i>Eye Color</i>
<i>Driver's License Number</i>			<i>State of Issuance</i>			

WAIVER OF FILING FEE

13. I am requesting a waiver of the filing fee because: _____

14. I am not requesting a waiver of the filing fee.

I certify that the foregoing is true and complete to the best of my knowledge.

Signature of Petitioner

Date Signed

CONFIDENTIAL – FOR COURT USE ONLY – Case File # _____

PETITIONER'S CONTACT INFORMATION:

My physical address is:

My mailing address is:

My telephone numbers are:

Home:

Work:

Cell: