



**LEECH LAKE BAND OF OJIBWE
IN TRIBAL COURT**

190 Sailstar Dr. NW
Cass Lake, MN 56633
218-335-3682/3586

Civil Division

In the Matter of:

Petitioner (first, middle, last)

vs.

Respondent (first, middle, last)

**Petitioner's Affidavit and Petition for
Order for Protection**

Case No. _____

I, being sworn/affirmed on oath, state that:

1. I am the Petitioner (the person requesting the order) in this action. This affidavit supports my request for an Order for Protection (OFP).

General Information

2. a. My address is _____. (Note: You may provide your address separately if you want it to be confidential.)

b. My date of birth is _____.

c. I am a female male.

3. a. Respondent's address is _____, and date of birth is _____. If Respondent is under 18 years old, service must be made on parent or guardian of Respondent, as well as Respondent.

1. Parent or guardian name: _____.

2. Parent or guardian address:

_____.

b. Respondent is a female male.

4. My relationship with the Respondent(s) is as follows (check all that apply):

Husband/Wife (date of marriage _____)

Former husband/wife (date of marriage _____)

Living together

Lived together (from ___/___/___ to ___/___/___)

Have a child together

Have an unborn child together

Parent/child

Related by blood

Significant romantic or sexual relationship (if checked, answer items below):

How long did the relationship last? _____

How often did you have contact with Respondent? _____

Length of time since the relationship ended: _____

5. I am (or have been) involved with the Respondent in the following court actions:

Type of action	Court	Date
<input type="checkbox"/> Marriage dissolution/divorce	_____	_____
<input type="checkbox"/> Custody	_____	_____
<input type="checkbox"/> Paternity	_____	_____
<input type="checkbox"/> Domestic abuse related charges	_____	_____
<input type="checkbox"/> Domestic abuse related convictions	_____	_____
<input type="checkbox"/> Child protection	_____	_____

Abuse Information

6. I have / have not been involved with the Respondent in a prior application for an Order for Protection. If you have been involved in a prior application for an Order for Protection, fill in the following:

a. Court where application was filed: _____.

b. Date filed: _____.

c. Name of Judge or judicial officer: _____.

d. Result:

Temporary Ex Parte Order only (petitioner withdrew application or failed to appear)

OFP granted; expiration date: _____.

OFP denied

e. The following acts of abuse, harassment, or stalking have happened since I last applied:

7. Respondent has inflicted or threatened domestic abuse upon me and/or upon the minor child(ren) named here:

8. Describe specific acts of domestic abuse and give approximate dates, listing the most recent incidents first. Attach additional sheets if necessary.

9. As a result of the domestic abuse, I have: (Attach any medical or police records to this Affidavit or bring them with you to court and indicate dates and locations when possible.)

had contact with law enforcement _____

sought medical help _____

Family Information

10. Respondent and I are the parents of the following minor child(ren) (See paragraph 10 of the instruction sheet):

Name(s)	Gender	Date(s) of birth	Race	Person who child(ren) are with now	Court action involving child(ren) (Indicate county/type)

11. Other minor child(ren) who are involved:

Name(s)	Gender	Date(s) of birth	Race	Person who child(ren) are with now	Your relationship to child(ren)

12. a. Custody of the minor child(ren) listed below should be awarded to me.

b. Respondent should have the following parenting time (visitation) with the minor child(ren).

c. Respondent's parenting time (visitation) with the minor child(ren) should be restricted or supervised.

d. I am seeking the above relief because:

13. Additional Information:

a. I am seeking child support / spousal maintenance / medical support/health insurance.
(If you are seeking child support or maintenance, please fill out this section.)

My income is \$_____ per month, from _____
(source). I have monthly expenses of \$_____, including \$_____ for minor child(ren).
Respondent's income is \$_____ per month, from _____
_____ (source). Address of Respondent's employer: _____

b. I have childcare costs of \$_____ per month because of employment or school.

c. My or the child(ren)'s health insurance is provided by _____.

d. Other information:

14. As a result of the respondent's act of domestic abuse, I am seeking restitution in the amount of \$_____ for the following expenses: _____

Requests for Court Action

15. An emergency exists and I fear immediate and present danger of further acts of domestic violence.

16. Based on this affidavit, I am asking the court to give me the following immediate protection:

Restrain and enjoin Respondent from causing me or the minor child(ren) any physical harm, and from causing me or the minor child(ren) fear of immediate physical harm.

Direct Respondent to have no contact with me or the minor child(ren), whether in person, with or through other persons, by telephone, letter or in any way.

Exclude Respondent from:

The dwelling we share.

The place where I live:

Petitioner's address is confidential

Address: _____

The place where I work: Name: _____

Address: _____

The place where I go to school: Name: _____

Address: _____

Order Respondent to continue all currently available insurance coverage without change in coverage or beneficiaries.

Other: _____

Exclude Respondent from a reasonable area surrounding my residence.

17. I request a hearing because I am also asking for the following:

Grant me sole legal and physical custody of the child(ren), subject to the following parenting time (visitation) to the Respondent (see question 12):

No parenting time (visitation)

Supervised parenting time (visitation)

Parenting time (visitation) subject to the following conditions:

Direct Respondent to pay a reasonable amount of money for the support of our minor child(ren). (notice: The Leech Lake Tribal Court is unable to amend another jurisdiction's existing child support order. To do that the parties must go back to that jurisdiction. Assistance can be provided by the Leech Lake Child Support Office.)

Direct Respondent to pay a reasonable amount of money for child care costs.

Direct Respondent to pay a reasonable amount of money for maintenance for me.

Award me temporary use and possession of personal property and restrain Respondent from disposing of or destroying property.

Restitution in the amount of \$_____. (See question 14.)

Direct that the following counseling, treatment, or other social services be provided to Respondent:

Domestic Abuse program

Alcohol/chemical dependency evaluation and treatment

Other

Direct the local law enforcement agency to provide the following assistance:

Provide other relief as necessary for the protection of me and the minor child(ren).

19. I further request such other relief, at the time of the full hearing, as the Court finds necessary for the protection of a family or household member, including orders or directives to law enforcement agencies.

Dated: _____

Signature (Sign only in front of notary public or court administrator.)

Name: _____

Address: _____

City/State/Zip: _____

Telephone: (_____) _____

Sworn/affirmed before me this

_____ day of _____, _____.

Notary Public/Tribal Court Administrator