

\_\_\_\_\_  
Petitioner (*First/Middle/Last/Suffix*)\_\_\_\_\_  
By Parent/Guardian/Custodian (*if  
applicable*) vs.\_\_\_\_\_  
Respondent (*First/Middle/Last/Suffix*)**Law Enforcement**Completed Service  
Verification on Page 5

Yes

No

**PETITION FOR PERSONAL SAFETY ORDER***W. Va. Code § 53-8-3; § 53-8-4*

1. I, \_\_\_\_\_, hereby request that the Court issue a Personal Safety Order, pursuant to *West Virginia Code § 53-8-1, et seq.*, for me the minor child(ren) named herein, and/or the physically or mentally incapacitated adult(s) named herein. (*Check all that apply.*)

**(Check and complete if applicable.)**

2. A Personal Safety Order is sought for the following minor children:

(*List names, dates of birth, addresses [if different from petitioner's] and any relationship to petitioner and respondent.*)

**DO NOT LIST CHILDREN'S ADDRESSES IF YOU FEAR FOR THEIR SAFETY**

CHILD'S NAME	DATE OF BIRTH	ADDRESS ( <i>if different from petitioner's</i> )	RELATIONSHIP TO PETITIONER	RELATIONSHIP TO RESPONDENT

**Check this box if additional children are listed on a separate page.**

**(Check and complete if applicable.)**

3. A Personal Safety Order is sought for the following **physically or mentally incapacitated adult(s)**:

*(List names, dates of birth, and address, if different from petitioners.)*

**DO NOT LIST ADDRESSES IF YOU FEAR FOR THEIR SAFETY.**

NAME	DATE OF BIRTH	ADDRESS <i>(if different from petitioner's)</i>

**If this Petition seeks protection for any physically or mentally incapacitated adult, please answer the following question.**

Yes      No      Are you aware of any guardianship, conservatorship, or mental hygiene case involving the physically or mentally incapacitated adult?

If yes, please provide information about the other proceeding(s) (dates, parties, court orders, if any):

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4. I am currently living temporarily or permanently in \_\_\_\_\_ County,  
State of \_\_\_\_\_

5. The respondent is currently living temporarily or permanently in \_\_\_\_\_ County,  
State of \_\_\_\_\_

6. The respondent's last known address is

\_\_\_\_\_  
*Street Address, City, State, Zip Code (Do not list P.O. Box Numbers.)*

7. The respondent has committed the following act(s) against *(check all that apply)* the

Petitioner,      minor child(ren),      incapacitated adult(s) named herein:

Sexual Offense(s) or Attempted Sexual Offense(s) that, based upon information and belief, constitute act(s) within the definition of "sexual offense" contained in West Virginia Code § 53-8-1(9).

AND/OR

Harassment that, based upon information and belief, constitutes one or more violations of *West Virginia Code § 61-2-9a(a)*.

AND/OR

Repeated credible threats of bodily injury knowing or having a reason to know that the threats cause reasonable fear or safety in violation of *West Virginia Code § 53-8-4(a)(3)*.

8. Describe in detail the nature and extent of the act(s) specified above for which relief is being sought by this PETITION:

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Check this box if continued on attached sheet(s).

9. Where did the above-described act(s) occur? (*Specify county and state.*)

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10.      Yes      No      Was a weapon used or threatened to be used by the respondent when committing the act(s) described above?  
If yes, please describe the weapon and how it was used or threatened to be used:

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11.      Yes      No      Are you aware of any criminal charges related to the above-described act(s) or offense(s) for which relief is being sought? If yes, please describe:

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12. Describe any information known to you concerning previous harm or injury to you (other than acts described in paragraph 8 above) or any other person(s) resulting from sexual offenses, attempted sexual offenses, harassment, or repeated credible threats of bodily injury committed by the respondent:

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*Check this box if this is continued on attached extra sheet(s).*

13. List any previous and/or pending court actions between the parties named in this PETITION:

Parties	Court	Case Number
Previous (Closed) Case OR	Pending (Current) Case	
Parties	Court	Case Number
Previous (Closed) Case OR	Pending (Current) Case	
Parties	Court	Case Number
Previous (Closed) Case OR	Pending (Current) Case	

*Check this box if this is continued on attached extra sheet(s).*

Based on the foregoing, I request the Court grant the following relief:

**(Check all that you are requesting.**

Order the respondent to refrain from committing or threatening to commit any sexual offense, harassment, or threats against the petitioner(s).

Order the respondent to refrain from contacting, attempting to contact, or harassing the petitioner(s), directly or indirectly, or through third parties.

Order the respondent to refrain from entering the residence of the petitioner(s).

Order the respondent to stay away from the place of employment, school, or residence of the petitioner(s).

Order the respondent not to visit, assault, molest, or otherwise interfere with the petitioner(s), and if a petitioner is a child, the petitioner's siblings and other minors residing in the household of the petitioner.

Prohibit the respondent from possessing a firearm if the conditions for such prohibition are satisfied.

Order the respondent to pay the fees and costs related to this proceeding.

I request the Court to make the Order effective for a period of \_\_\_\_\_  
(cannot exceed 2-year statutory limit)

**NOTICE TO PETITIONER**

**Knowingly providing false information in this Petition is a misdemeanor and, upon conviction, is subject to a fine of not less than \$50 nor more than \$1,000 or confinement in jail for up to 90 days, or both.**

**STATE OF WEST**

**VIRGINIA COUNTY OF** \_\_\_\_\_

I, \_\_\_\_\_, upon oath or affirmation, say that I am the petitioner named in this PETITION FOR PERSONAL SAFETY ORDER, and that the facts contained herein are true, except where they are stated to be upon information and belief, I believe them to be true.

\_\_\_\_\_  
Petitioner's Signature

Taken, subscribed, and sworn or affirmed before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public/Magistrate/Assistant/Magistrate Clerk

My commission expires on \_\_\_\_\_.

**NOTICE TO PETITIONER**

**YOU HAVE THE ABSOLUTE RIGHT TO FILE THIS PETITION AND TO RECEIVE AN ORDER GRANTING OR DENYING YOUR PETITION. YOU ARE STRONGLY ADVISED TO REMAIN AT THE MAGISTRATE OFFICE TO RECEIVE THE ORDER GRANTING OR DENYING THE PERSONAL SAFETY PETITION.**

**YOU WILL NOT BE REQUIRED TO PAY FEES OR COSTS WHEN THIS PETITION IS FILED. IF YOUR PETITION IS DENIED AT THE TEMPORARY HEARING, YOU MAY BE ASSESSED FEES AND COSTS UNDER SOME CIRCUMSTANCES, UNLESS A FEE WAIVER REQUEST IS FILED AND APPROVED, OR SUCH ASSESSMENT IS PROHIBITED BY FEDERAL LAW. OTHERWISE, FEES AND COSTS WILL ONLY BE ASSESSED AGAINST A NON-PREVAILING PARTY UPON THE FINAL HEARING.**

**IF YOU CANNOT AFFORD THE COSTS OF THESE PROCEEDINGS, YOU MAY FILE A FEE WAIVER REQUEST WITH THE MAGISTRATE COURT CLERK'S OFFICE.**

**SERVICE OF PETITION AND TEMPORARY ORDER BY LAW ENFORCEMENT**

Served on respondent by \_\_\_\_\_ in \_\_\_\_\_

County, WV on Date: \_\_\_\_\_ at Time: \_\_\_\_\_ a.m./ p.m.

\_\_\_\_\_  
Law Enforcement Signature

*(Return of Service to Magistrate Clerk within 5-days)*

\_\_\_\_\_  
Law Enforcement Agency