

****Please read****

Checklist for filing of:

Domestic abuse, harassment or child abuse restraining orders

- ___ 1) Obtain the forms at the Clerk of Courts office & **fill them out completely.**
Including the description of the respondent. If not completely filled out the Sheriff's department may not be able to enforce.
- ___ 2) Take the completed paperwork to one of the judicial assistants. Please ask which one.
 - a) Leave a telephone number with them so that they can contact you after the judge has had a chance to review your request.
- ___ 3) Pick up forms when contacted by the judicial assistant. She will have made the appropriate amount of copies.
- ___ 4) File the papers with the Clerk of Courts civil office.
 - a) If you are filing for a harassment restraining order & you don't have a signed waiver of fees you must have a check or cash for \$164.50.
- ___ 5) Appear at the scheduled hearing.

***Petitioner**= the person filing

***Respondent** = the person you wish to have an injunction against

Petitioner,

You are about to file for a Temporary Restraining Order (TRO) with the Lincoln County Clerk of Courts. The Lincoln County Sheriff's Office will receive the order for entry in the State TIME System but will be unable to do so if the following information is not provided:

- 1) Respondent/Defendant Name (First, Middle, Last)
- 2) Gender (Sex)
- 3) Race
- 4) Date of Birth (DOB)
- 5) Height (HT)
- 6) Weight (WT)
- 7) Hair Color
- 8) Eye Color

You should be advised that unless this order is entered into the State TIME System, other law enforcement agencies will not be aware of its existence.

If this information is not complete, your order will remain at the Lincoln County Sheriff's Office and will not be entered into the TIME System.

Thank you for your cooperation in this matter.

STATE OF WISCONSIN, CIRCUIT COURT, LINCOLN COUNTY

**Respondent's Information for
Service by Sheriff**

-vs-

Case No. _____

The information contained in this form will assist the sheriff's department in serving the respondent with any documents that require personal service, including the temporary restraining order and injunction. Although you may not know all of the requested information, filling out this form as completely and accurately as possible will help avoid unnecessary delays in service. **The information contained in this document is confidential and will not be shared with the respondent.**

If the temporary restraining order and/or injunction is granted, are you requesting that the **sheriff's department serve the documents on the respondent?** ☐ YES ☐ NO (You may hire a private process server at your own expense.)

RESPONDENT'S INFORMATION [PERSON WHO IS BEING SERVED]:

Name of respondent (First, Middle (full), Last): _____

Street Address: _____ APT. #: _____

City, State, Zip Code: _____ Alias/Nickname(s): _____

Home Phone Number: _____ Cell Phone Number: _____

Sex: _____ Race: _____ Height: _____ Weight: _____

Date of Birth: ____/____/____ (If unknown, approximate age: ____)

Hair Color: _____ Eye Color: _____ Languages Spoken (other than English): _____

Other Distinguishing Features (tattoos, scars, glasses, facial hair, etc.): _____

Best time to serve at home: _____

Best time to serve at work: _____

Employer Name: _____ Employer Address: _____

Employer Phone Number: _____ Work Schedule: _____

Make/Model of Vehicle: _____ License Plate No. (if known): _____

Vehicle Color (including unique characteristics such as paint, dents, etc.): _____

Additional information to help sheriff in locating the respondent
(other places the respondent may be staying, including addresses; any other court dates):

Does the respondent carry or possess any weapons? ☐ Yes ☐ No
If Yes, how many, what kinds, and where are they carried/stored?

Is the respondent a heavy drinker? ☐ Yes ☐ No _____ Drug user? ☐ Yes ☐ No _____

Describe any history of violence, other than what is in the Petition:

Are you requesting the respondent to leave the residence? ☐ Yes ☐ No

CONFIDENTIAL COURT RECORD

CV-420, 11/19 Respondent's Information for Sheriff to Effect Service §813.12(6)(ag)2., 813.122(9)(a)2., 813.123(8)(a)2., and 813.125(5g)(cm)2., Wisconsin Statutes
This form shall not be modified. It may be supplemented with additional material.

PETITIONER'S INFORMATION [PERSON WHO IS REQUESTING THE SERVICE]:

Petitioner's Name (First, Middle (full), Last): _____

Street Address: _____ APT. #: _____

City, State, Zip Code: _____

Home Phone Number: _____ Cell Phone Number: _____

Email Address: _____

Name of parent/legal guardian (if filing on behalf of the petitioner): _____

Can the sheriff leave a voicemail at this number? Home Phone: ☐ Yes ☐ No Cell Phone: ☐ Yes ☐ No

Is there a 72-hour no contact order in effect? ☐ Yes ☐ No

If Yes, when does it expire? _____

Please note any special instructions for contacting you or any other information you would like to provide:

IF THIS IS A HARASSMENT TEMPORARY RESTRAINING ORDER OR INJUNCTION, AND THE FILING FEE IS NOT WAIVED BY THE COURT, THE SHERIFF'S DEPARTMENT MAY CHARGE A FEE FOR SERVICE THAT MUST BE PAID DIRECTLY TO THE SHERIFF.



Petitioner's Signature

Name Printed or Typed

Date

State Bar No. (if any)

CONFIDENTIAL COURT RECORD

STATE OF WISCONSIN, CIRCUIT COURT, _____ COUNTY

Petitioner/Child/

☐ Amended

Individual at Risk: _____

Name and Address
of person completing
Petition (if different
from above): _____

-VS-

Respondent/
Defendant: _____

**Confidential Address
Information in
Domestic Abuse,
Child Abuse,
Individual at Risk, and
Harassment
Temporary Restraining
Order and Injunction
Actions**

Case No. _____

Name of ☐ Petitioner ☐ Child ☐ Individual at Risk

Address _____

Email Address _____

Telephone Number _____

This address information is being provided as part of a

☐ new case filing; OR

☐ change of address on an existing temporary restraining order/injunction case.



Petitioner's or Person filing on behalf of Petitioner's Signature

Name Printed or Typed

Address

Email Address

Telephone Number

Date

State Bar No. (if any)

The clerk shall maintain this address in a confidential manner. It will not be made available to any other parties in this action, their attorney or representatives, or the public.

CONFIDENTIAL COURT RECORD

CV-502, 11/19 Confidential Address Information in Domestic Abuse, Child Abuse, Individual at Risk, and Harassment Temporary Restraining Order and Injunction Actions

§813.12(5m), 813.122(5g), 813.123(5g), 813.125(5m), Wisconsin Statutes

This form shall not be modified. It may be supplemented with additional material.

STATE OF WISCONSIN, CIRCUIT COURT, _____ COUNTY

Petitioner:
(Individual at Risk) _____
Individual at Risk's _____
Date of Birth: _____
Name of person
completing Petition: _____
(if different from
Individual at Risk) _____
-VS-
Respondent/
Defendant: _____
Address: _____

☐ Amended

**Petition for
Temporary Restraining Order
and/or Petition and Motion for
Injunction Hearing**

(Individual at Risk - 30713)

Case No. _____

☐ One or both parties require the services of an interpreter. Which party? _____ Which language? _____
Complete and file the Interpreter Request (GF-149) form.

Respondent's:	Sex	Race	Date of Birth	Height	Weight	Hair color	Eye color
Please specify Individual at Risk's relationship(s) to Respondent: <input type="checkbox"/> spouse <input type="checkbox"/> former spouse <input type="checkbox"/> person in dating relationship <input type="checkbox"/> current or former live-in relationship <input type="checkbox"/> Other: [Be specific] _____							Respondent's Distinguishing Features: (such as scars, marks or tattoos) <input type="checkbox"/> None known.
<input type="checkbox"/> cousin <input type="checkbox"/> sibling <input type="checkbox"/> parent <input type="checkbox"/> step parent							
<input type="checkbox"/> adoptive parent <input type="checkbox"/> grandparent <input type="checkbox"/> child (biological/adoptive/step)							

CAUTION:
(Check all that
apply)

- ☐ Respondent has access to weapon(s). Type of weapon(s): _____
Location of weapon(s): _____
☐ Weapon(s) were involved in an incident [past or present] involving the individual at risk.

I am: [Check one]

- ☐ an individual at risk.
☐ a person acting on behalf of an individual at risk.
☐ a representative of an adult-at-risk agency, or an elder-adult-at-risk agency.

I PETITION THE COURT for a Temporary Restraining Order and/or Injunction against the respondent under §813.123, Wis. Stats., based on the following:

- The individual at risk is [Check one]
 - ☐ an adult at risk (*an adult who has a physical or mental condition that substantially impairs his/her ability to care for his/her needs and who has experienced, is currently experiencing, or is at risk of experiencing physical abuse, emotional abuse, sexual abuse, treatment without consent, unreasonable confinement or restraint, neglect, self-neglect, or financial exploitation*).
 - ☐ an elder adult at risk (*a person age 60 or older who has experienced, is currently experiencing, or is at risk of experiencing physical abuse, emotional abuse, sexual abuse, treatment without consent, unreasonable confinement or restraint, neglect, self-neglect, or financial exploitation*).
- The adult respondent has [Mark any of the following boxes that apply]
 - ☐ interfered with, or based upon prior conduct of the respondent, may interfere with
 - ☐ 1. an investigation of the individual at risk; or
 - ☐ 2. the delivery of protective services to the individual at risk; or
 - ☐ 3. the delivery of protective placement to the individual at risk; or
 - ☐ 4. the delivery of services to the elder adult at risk,and that the interference complained of, if continued, would make it difficult to determine whether physical abuse, emotional abuse, sexual abuse, treatment without consent, unreasonable confinement or restraint, financial exploitation, neglect, or self-neglect has occurred, is occurring, or may recur.
OR
 - ☐ engaged in or threatened to engage in with the individual at risk
 - ☐ physical abuse.
 - ☐ emotional abuse.

- | | |
|--|---|
| <input type="checkbox"/> sexual abuse. | <input type="checkbox"/> treatment without consent. |
| <input type="checkbox"/> financial exploitation. | <input type="checkbox"/> unreasonable confinement or restraint. |
| <input type="checkbox"/> neglect. | <input type="checkbox"/> harassment. |
| <input type="checkbox"/> stalking. | <input type="checkbox"/> mistreatment of an animal. |

3. Stated below or attached as part of this Petition is a statement of facts indicating that respondent has met the criteria set forth in either or both 2.a. or 2.b. above.

(State when, where, what happened, and who did what to whom)

☐ See attached

4. Another no contact order between the individual at risk and the respondent

☐ does not exist or the individual at risk does not know or is uncertain as to whether another no contact order exists.

☐ does exist.

Name of other case: _____

County or State: (If not Wisconsin) _____

Type of Case: _____

Case Number: (If known) _____

Date of proceeding that resulted in no contact order (If known): _____

Details of no contact order: _____

I REQUEST THE COURT: *[Mark any of the following boxes that apply]*

- ☐ 1. Issue a Temporary Restraining Order requiring the respondent to
- ☐ a. avoid interference with an investigation of the individual at risk.
 - ☐ b. avoid interference with the delivery of protective services to the individual at risk.
 - ☐ c. avoid interference with a protective placement of the individual at risk.
 - ☐ d. avoid interference with the delivery of services to the elder adult at risk.
 - ☐ e. cease engaging in or threatening to engage in physical abuse, emotional abuse, sexual abuse, treatment without consent, unreasonable confinement or restraint, financial exploitation, neglect, harassment, stalking of the individual at risk, or mistreatment of an animal.
 - ☐ f. avoid the residence of the individual at risk and/or any other location temporarily occupied by the individual at risk.
 - ☐ g. avoid contacting or causing any person other than a party's attorney or a law enforcement officer to contact the individual at risk. *Contact includes: contact at the individual at risk's home, work, school, public places, in person, by phone, in writing, by electronic communication or device, or in any other manner.*
 - ☐ h. refrain from removing, hiding, damaging, harming, or mistreating, or disposing of, a household pet.
 - ☐ i. allow the petitioner or a family member or household member of the petitioner acting on his/her behalf to retrieve a household pet.
 - ☐ j. Other: *[May not be inconsistent with remedies noted above]* _____
2. Set a time for a hearing on the Petition for an Injunction requiring the respondent to
- ☐ a. avoid interference with an investigation of the individual at risk.
 - ☐ b. avoid interference with the delivery of protective services to the individual at risk.
 - ☐ c. avoid interference with a protective placement of the individual at risk.
 - ☐ d. avoid interference with the delivery of services to the elder adult at risk.
 - ☐ e. cease engaging in or threatening to engage in physical abuse, emotional abuse, sexual abuse, treatment without consent, unreasonable confinement or restraint, financial exploitation, neglect, harassment, stalking of the individual at risk, or mistreatment of an animal.
 - ☐ f. avoid the residence of the individual at risk or any/or other location temporarily occupied by the individual at risk.
 - ☐ g. avoid contacting or causing any person other than a party's attorney or a law enforcement officer to contact the individual at risk. *Contact includes: contact at individual at risk's home, work, school, public places, in person, by phone, in writing, by electronic communication or device, or in any other manner.*
 - ☐ h. refrain from removing, hiding, damaging, harming, or mistreating, or disposing of, a household pet.
 - ☐ i. allow the petitioner or a family member or household member of the petitioner acting on his/her behalf to retrieve a household pet.

☐ j. Other: *[May not be inconsistent with remedies noted above]* _____

- ☐ 3. If the Temporary Restraining Order is denied, the person filing the Petition asks the Court to schedule an Injunction Hearing.
- ☐ 4. Appoint a guardian ad litem for the individual at risk.
(The Court shall appoint a guardian ad litem if the petition was filed by a person other than the individual at risk.)
5. Issue an Injunction against the respondent for four years or the following shorter period: _____
☐ Order the wireless telephone service provider to transfer to the petitioner each telephone number(s) he/she or a minor child in his/her custody uses. The provider will transfer to the petitioner all financial responsibility for and right to the use of any telephone number(s) transferred. **(See form CV-437, Wireless Telephone Transfer in Injunction Case.)**
- ☐ 6. Order the Injunction, which is in effect for not more than 10 years, if the Court finds a substantial risk the respondent may commit 1st or 2nd degree intentional homicide, or 1st, 2nd or 3rd degree sexual assault against the petitioner.
- ☐ 7. Order the injunction is in effect permanently if the Court finds the respondent has been convicted of a violation of first, second, or third degree sexual assault against the petitioner.
8. If the Court grants the Injunction, the petitioner requests the Court
☐ a. not order the respondent to surrender his/her firearm(s).
OR
☐ b. order the respondent to surrender and not possess a firearm while the Injunction is in effect because the petitioner believes that the respondent may use a firearm to cause physical harm to another or endanger public safety.

SERVICE ON RESPONDENT

Before the Injunction Hearing, it is the petitioner's responsibility to contact the sheriff's office or other process server to verify that the documents were served and proof of service is filed with the Clerk of Circuit Court. The Court will not do this for the petitioner. If available in your county, another way to verify if the documents were served is to register with VPO (VINE Protective Order) on its website at www.vinelink.com.

The Clerk of Circuit Court shall forward the Temporary Restraining Order to the sheriff and the sheriff shall assist the petitioner in serving the Temporary Restraining Order.

I declare under the penalty of false swearing that the information I have provided is true and accurate.

DISTRIBUTION:

1. Court
2. Petitioner (Individual at Risk)
3. Person/Agency acting on behalf of Individual at Risk
4. Respondent
5. Guardian ad Litem, if appointed
6. Law Enforcement
7. Other: _____



Petitioner's or Person filing on behalf of Individual at Risk's Signature

Name Printed or Typed

Date

State Bar No. (if any)

STATE OF WISCONSIN, CIRCUIT COURT, _____ COUNTY

Petitioner: _____

-vs-

Respondent: _____

Order Dismissing/Denying Petition for

☐ Temporary Restraining Order

☐ Injunction

Case No. _____

THE COURT FINDS:

- ☐ 1. The petitioner failed to meet the burden of proof.
 - ☐ Domestic abuse: §813.12, Wis. Stats.
 - ☐ Child abuse: §§813.122 and 48.25(6), Wis. Stats.
 - ☐ Individual at Risk: §813.123, Wis. Stats.
 - ☐ Harassment: §§813.125 and 48.25(6), Wis. Stats.
- ☐ 2. Service was not properly made.
- ☐ 3. The matter has not been diligently prosecuted.
- ☐ 4. The petitioner has requested a dismissal of this action and/or to vacate either the temporary restraining order or injunction previously entered.
- ☐ 5. The parties have stipulated to a dismissal.
- ☐ 6. Other: _____

THE COURT ORDERS:

- ☐ 1. This case dismissed and any order previously entered in this case is ☐ dismissed. ☐ vacated.
- ☐ 2. The Petition for Temporary Restraining Order is denied.
- ☐ 3. Other: _____

THIS IS A FINAL ORDER FOR THE PURPOSE OF APPEAL IF SIGNED BY A CIRCUIT COURT JUDGE.

DISTRIBUTION:

- 1. Court
- 2. Petitioner
- 3. Respondent
- 4. Law Enforcement

BY THE COURT:

☐ Circuit Court Judge ☐ Circuit Court Commissioner

Print or Type Name

Date

STATE OF WISCONSIN, CIRCUIT COURT, _____ COUNTY

☐ Amended

**Temporary Restraining Order
(Temporary Order of Protection)
and Notice of Injunction Hearing
(Individual at Risk - 30713)**

Case No. _____

PETITIONER (INDIVIDUAL AT RISK)

Name of Petitioner (First, Middle, Last)

Date of Birth of Individual at Risk

-VS-

RESPONDENT/DEFENDANT

Name of Respondent/Defendant (First, Middle, Last)

Respondent's/Defendant's Street Address, City, State, Zip

Please specify Individual at Risk's relationship(s) to Respondent/Defendant:

- ☐ spouse ☐ cousin ☐ adoptive parent
☐ former spouse ☐ sibling ☐ grandparent
☐ person in dating relationship ☐ parent ☐ child (biological/adoptive/step)
☐ current or former live-in relationship ☐ step parent
☐ Other: [Be specific] _____

SEX	RACE	DOB	HT	WT
HAIR COLOR			EYE COLOR	
Respondent's/Defendant's Distinguishing Features (such as scars, marks or tattoos)				
<input type="checkbox"/> None known.				

CAUTION:

(Check all that apply)

- ☐ Respondent/Defendant has access to weapon(s). Type of weapon(s): _____
Location of weapon(s): _____
☐ Weapon(s) were involved in an incident [past or present] involving the individual at risk.

THE COURT FINDS:

Findings are on the following page(s) of this Temporary Restraining Order.

THE COURT ORDERS:

Orders are on the following page(s) of this Temporary Restraining Order.

THIS TEMPORARY RESTRAINING ORDER SHALL BE EFFECTIVE UNTIL _____

Injunction Hearing Date-Not to exceed 14 days

NOTIFICATIONS/WARNINGS TO RESPONDENT/DEFENDANT:

This Order shall be enforced, even without registration, and is entitled to full faith and credit in every civil or criminal court of any state, the District of Columbia, any U.S. Territory, and may be enforced by Tribal Lands (18 U.S.C. Section 2265; Wis. Stats. 813.128). Crossing state, territorial, or tribal boundaries to violate this Order may result in federal imprisonment (18 U.S.C. Section 2262).

Federal law provides penalties for, and you may be prohibited from possessing, transporting, shipping, receiving or purchasing a firearm, including, but not limited to, a rifle, shotgun, pistol, revolver, or ammunition, pursuant to 18 U.S.C. 922(g)(8). Additional notifications/warnings are on the following page of this Temporary Restraining Order.

Violation of this Temporary Restraining Order shall result in immediate arrest and is punishable by imprisonment not to exceed 9 months or a fine not to exceed \$1,000, or both, and payment of filing and service fees.

Only the Court can change this Order.

THE COURT FINDS:

1. The individual at risk or person/agency on behalf of the individual at risk filed a Petition alleging the elements under §813.123, Wis. Stats.
2. This Court has personal and subject matter jurisdiction.
3. There are reasonable grounds to believe that the respondent has interfered with, engaged in or based on prior conduct of the respondent, may engage in abuse as defined in §813.123, Wis. Stats., as stated in the court record.
- ☐ 4. Neither the individual at risk, guardian [if any], or the guardian ad litem [if any] consented in writing to have contact with the respondent, and the Court agrees it is not in the best interests of the individual at risk to have contact with the respondent.
5. The Court orders a Temporary Restraining Order and sets a date for an Injunction Hearing.

THE COURT ORDERS:

1. A hearing for an Injunction be held on

Date	Time	Location
Circuit Court Judge		

2. Service of this Notice and Order shall be made at least _____ hours prior to the hearing.
- ☐ 3. The respondent avoid interference with an investigation of the individual at risk, the delivery of protective services to the individual at risk, or a protective placement of the individual at risk, or the delivery of services to the elder adult at risk.
- ☐ 4. The respondent cease engaging in or threatening to engage in physical abuse, emotional abuse, sexual abuse, treatment without consent, unreasonable confinement or restraint, financial exploitation, neglect, harassment, stalking of the individual at risk, or mistreatment of an animal.
- ☐ 5. The respondent avoid the residence of the individual at risk and/or any other location temporarily occupied by the individual at risk.
- ☐ 6. The respondent avoid contacting the individual at risk or causing any person other than a party's attorney or a law enforcement officer to contact the individual at risk. *Contact includes: contact at individual at risk's home, work, school, public places, in person, by phone, in writing, by electronic communication or device, or in any other manner.*
- ☐ 7. The respondent refrain from removing, hiding, damaging, harming, or mistreating, or disposing of, a household pet.
- ☐ 8. The respondent allow the petitioner or a family member or household member of the petitioner acting on his/her behalf to retrieve a household pet.
9. The respondent shall not intentionally prevent a representative or employee of the county protective services agency from meeting, communicating, or being in visual or audio contact with the adult at risk, except as ordered here: _____

10. If a person/agency filed this petition on behalf of the individual at risk, a guardian ad litem be appointed for the individual at risk. The Court appoints [Guardian ad litem's name] _____.
- ☐ 11. Other: [May not be inconsistent with remedies requested in the Petition] _____.

FAILURE TO APPEAR could result in a injunction being issued directing you to:

- avoid interference with an investigation of the individual at risk;
- avoid interference with the delivery of protective services to the individual at risk, or a protective placement of the individual at risk;
- avoid interference with the delivery of services to the elder adult at risk;
- avoid contacting the individual at risk or causing any person other than a party's attorney or a law enforcement officer to contact the individual at risk.
- engaging in or threatening to engage in physical abuse, emotional abuse, sexual abuse, treatment without consent, unreasonable confinement or restraint, financial exploitation, neglect, harassment, stalking of the individual at risk, or mistreatment of an animal; AND
- follow any other appropriate orders not inconsistent with the remedies requested in the Petition.

VIOLATION OF AN INJUNCTION if issued at this hearing shall result in your arrest and may result in the imposition of criminal penalties regardless of whether you have been served a copy of the injunction. Service of a copy of this Notice of Injunction Hearing and the Petition for the Temporary Restraining Order and/or Injunction is constructive knowledge of the existence of the Injunction.

THIS TEMPORARY RESTRAINING ORDER IS IN EFFECT UNTIL THE INJUNCTION HEARING.

If you require reasonable accommodations due to a disability, please call _____ prior to the scheduled court date. Please note that the court does not provide transportation.

DISTRIBUTION:

1. Court
2. Petitioner(Individual at Risk)
3. Person/Agency acting on behalf of Individual at Risk
4. Respondent
5. Guardian ad Litem, if appointed
6. Law Enforcement
7. Other: