**The Family Court of the State of Delaware**

**Resources for Domestic Violence Victims**

**Domestic Violence Advocacy Program**

Court-based advocates have offices in each of the Family Court buildings and are available to help victims through the PFA process. Advocates can also accompany victims to hearings, help develop safety plans and provide resource information.

**Domestic Violence Advocacy Programs:**

New Castle County: (302) 255-0420

Kent County: (302) 672-1075

Sussex County: (302) 856-5843

**24-hour Domestic Violence Hotlines** (shelter and support):

New Castle County: (302) 762-6110 –English & Español

Kent/Sussex: (302) 422-8058

(302) 745-9874 --Español

**24-hour Child Abuse and Neglect Hotline: 1-800-292-9582**

**Elder and Dependent Adult Abuse Hotline: 1-800-223-9074**

**Legal Assistance**

You may be eligible to receive help from an attorney. For assistance with the PFA process, call:

*New Castle County:* DE Volunteer Legal Services: (302) 478-8680

*Kent County:* Community Legal Aid Society, Inc.: (302) 674-8500

*Sussex County:* Community Legal Aid Society, Inc.: (302) 856-0038

For an evaluation and determination of eligibility for other legal services visit: <https://delegalhelplink.org>

Qr code

Description automatically generated**Your Virtual Hearing: Zoom Cheat Sheets, Guides, Other Information**

Your PFA hearings may be held virtually by telephone or video conferencing.

For Zoom Meeting Instructions visit: courts.delaware.gov/family/zoom.aspx

For information about the PFA process visit the site below or use the QR code: Courts.delawre.gov/family/pfa/index.aspx

For Court closures and other important announcements visit: courts.delaware.gov/family

**Crime Victim Resources**

**VINE** (Register to receive custody status updates and criminal case information):877-338-8463 or vinelink.com

**Attorney General’s Office Victim/Witness Assistance:** 800-870-1790

**VCAP** (Victims’ Compensation Assistance Program): (302) 255-1770

**DE Victim Center:** 1-800-VICTIM-1 (1-800-842-8461)

**VIP** (Violence Intervention Program/Capitol Police. For accompaniment by a police officer to in-person court proceedings): Complete the online referral form by visiting <http://capitolpd.delaware.gov> (click on the VIP icon).

**\*Please keep this sheet for your records. You do not need to file this page with the petition.\***

**The Family Court of the State of Delaware**

In and For  New Castle County  Kent County  Sussex County

## PETITION FOR ORDER OF PROTECTION FROM ABUSE

## Petitioner v. Respondent

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name | |  | Name | |  | File Number |
|  | |  |  | |  |  |
| Telephone Number | Date of Birth |  | Telephone Number | Date of Birth |  |  |
|  |  |  |  |  |  |  |
| Street Address ***(DO NOT LIST ADDRESS IF BELOW YOU ARE***  ***REQUESTING A CONFIDENTIAL ADDRESS)*** | |  | Street Address (including Apt) | |  | Petition Number |
|  | |  |  | |  |  |
| P.O. Box Number | |  | P.O. Box Number | |  |  |
|  | |  |  | |  |  |
| City/State/Zip Code | |  | City/State/Zip Code | |  |  |
|  | |  |  | |  |  |
| Email Address | |  | Email Address | |  |  |
|  | |  |  | |  |  |
| Attorney Name | |  | Attorney Name | |  |  |
|  | |  |  | |  |  |
| Interpreter Needed  Yes  No | |  | Interpreter Needed  Yes  No | |  |  |
| Language: | |  | Language: | |  |  |

**Para asistencia en español llame a: (302) 762-6110 (New Castle County)**

**o (302) 745-9874 (Kent y Sussex Counties).**

|  |  |  |  |
| --- | --- | --- | --- |
| Child(ren) | Date of Birth | Is this the respondent’s child? | Are you alleging the respondent abused this child and you want the child to be a petitioner? |
|  |  | Yes  No | Yes  No |
|  |  | Yes  No | Yes  No |
|  |  | Yes  No | Yes  No |
|  |  | Yes  No | Yes  No |
|  |  | Yes  No | Yes  No |
|  |  | Yes  No | Yes  No |
|  |  | Yes  No | Yes  No |

The Petitioner respectfully requests that this Court issue an Order of Protection from Abuse against the Respondent, as provided for in 10 *Del. C.*, § 1041 *et seq.* In support of this request, the Petitioner states that:

1. I ask that the following addresses be **kept confidential because** the disclosure of this information will place me and/or my child(ren) in danger:

the address of my place of residence, school and/or employment

the address of my child(ren)’s residence, school or child care

**\*\*\* DO NOT LIST ADDRESS ON PETITION IF REQUESTING A CONFIDENTIAL ADDRESS \*\*\***

2. Choose one:

|  |  |  |  |
| --- | --- | --- | --- |
| Petitioner’s relationship to Respondent is: (select relationship) | | | |
|  | Current or former spouse | | Living together |
|  | Current or former substantive dating relationship | | Child in common |
|  | Family member (specify relationship): |  | |
|  | Custodian of Children | | |
| **OR** |  | | |
| Affidavit of Parentage attached and incorporated herein. | | | |
| **OR** | | | |
| Petitioner is the Division of Family Services acting in the interest of a minor child. | | | |
| **OR** | | | |
| Petitioner is the Division of Adult Protective Services acting in the interest of an infirm adult. | | | |

3. The Respondent has committed the following act(s) of abuse against the Petitioner and/or the Child(ren). Make sure each act(s) specify whether it happened to the Petitioner or to the Child(ren). You may not be allowed to testify about acts not adequately described. (*Please describe all the acts of abuse you wish the Court to consider, including dates if known. If additional space is required please attach the Court Addendum Form,* [*Form 540.)*](http://judicial.state.de.us/CourtDox/Download.aspx?ID=35828) Abuse is defined by Delaware law (10 Del. C. § 1041) as:

|  |  |  |
| --- | --- | --- |
|  | a. | Causing or attempting to cause physical injury or sexual offense (Describe below). |
|  |  |  |
|  |  |  |
|  |  |  |
|  | b. | Placing or attempting to place me (Petitioner) or child(ren) in reasonable fear of physical injury or sexual offense (Describe below). |
|  |  |  |
|  |  |  |
|  |  |  |
|  | c. | Damaging, taking, or destroying my (Petitioner) or child(ren)’s property, including legal documents. This also includes inflicting physical injury on any companion animal or service animal (Describe below). |
|  |  |  |
|  |  |  |
|  |  |  |
|  | d. | Engaging in alarming or distressing conduct in a manner which is likely to cause fear or emotional distress or to provoke a violent or disorderly response including conduct that is directed towards any companion animal or service animal (Describe below). |
|  |  |  |
|  |  |  |
|  |  |  |
|  | e. | Trespassing on my (Petitioner) or child(ren)’s property (Describe below). |
|  |  |  |
|  |  |  |
|  |  |  |
|  | f. | Child abuse (Describe below). |
|  |  |  |
|  |  |  |
|  |  |  |
|  | g. | Unlawful imprisonment, kidnapping, and interference with custody and coercion (Describe below). |
|  |  |  |
|  |  |  |
|  |  |  |
|  | h. | Inflicting or attempting to inflict physical injury on a companion animal, engaging in conduct which is likely to cause fear that the companion animal will be physically injured, or engaging in cruelty to the companion animal. |
|  |  |  |
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|  |  |  |
|  | i. | Intentionally causing or attempting to cause an adult to be financially dependent by (1) maintaining overwhelming control over the individual’s financial resources (including withholding access to money or credit cards or forbidding attendance at school or employment without reasonable justification, and against the individual’s will) or (2) stealing or defrauding of money or assets, exploiting the victim’s resources for personal gain, or withholding physical resources such as food, clothing, necessary medications, or shelter. |
|  |  |  |
|  |  |  |
|  |  |  |
|  | j. | Any other conduct which a reasonable person would find threatening or harmful  (Describe below). |
|  |  |  |
|  |  |  |
|  |  |  |
|  | k. | Human Trafficking (Describe below). |
|  |  |  |
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4. Petitioner has reason to believe that the Respondent is in possession of the following firearm(s):

|  |  |
| --- | --- |
| **Describe Each Firearm** | **Provide Location of Each Firearm** |
|  |  |
|  |  |
|  |  |
|  |  |

**WHEREFORE**, Petitioner asks this Court for the following relief(s):

Prohibit the Respondent from committing any act of abuse against the Petitioner (or his or her minor children).

Order the Respondent to stay away from:

|  |  |  |
| --- | --- | --- |
|  | Petitioner | |
|  | Petitioner’s home | |
|  | Petitioner’s workplace | |
|  | Other: |  |
|  |  |  |

Prohibit the Respondent from contacting or attempting to contact the Petitioner in any way, including, but not limited to, by phone, by the mail or by any other means.

A PFA Order typically lasts for 1-2 years. If you would like the order to last longer than 1 year, fill out the aggravating factors below to grant no contact relief for as long as reasonably necessary to prevent further acts of Domestic Violence up to and including a permanent order of Court pursuant to 10 *Del C.* §1045(f). **(Please use the space provided to date and detail these events)**

|  |  |  |
| --- | --- | --- |
|  | 1. | Actions resulting in physical injury or serious physical injury to me (Petitioner) |
|  |  | caused by the Respondent. *(Describe below.)* |
|  |  |  |
|  |  |  |
|  |  |  |
|  | 2. | The use of a deadly weapon or dangerous instrument against me (Petitioner) |
|  |  | by Respondent. *(Describe below.)* |
|  |  |  |
|  |  |  |
|  |  |  |
|  | 3. | A history of repeated violations of prior protective orders by the Respondent. *(Describe below.)* |
|  |  |  |
|  |  |  |
|  |  |  |
|  | 4. | Prior convictions for crimes against me (Petitioner) by the Respondent. *(Describe below.)* |
|  |  |  |
|  |  |  |
|  |  |  |
|  | 5. | Exposure of any member of the my (Petitioner’s) family or household to physical |
|  |  | injury by the Respondent. *(Describe below.)* |
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| --- | --- | --- |
|  | 6. | Any other acts of abuse towards me (Petitioner) which the court believes constitute an immediate and ongoing danger *(Describe below.)* |
|  |  |  |
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Order that the Petitioner be given the exclusive use and possession of the parties' residence at:

|  |
| --- |
|  |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Order the Respondent to pay $ |  | to the Petitioner as compensation for losses |
|  | Suffered as a direct result of the domestic violence. | | |

Award temporary custody and/or residency of the parties’ minor child(ren) to the Petitioner (please specify names and date of birth of the child(ren)). **YOU MUST INCLUDE FORM 346 – CUSTODY SEPARATE STATEMENT IF THIS BOX IS CHECKED**:

|  |  |  |
| --- | --- | --- |
|  |  |  |
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Order the Respondent to pay temporary support for the child(ren).

|  |  |  |  |
| --- | --- | --- | --- |
|  | Order the Respondent to pay $ |  | support for the Petitioner. |

Order the Respondent to pay or reimburse fees and costs.

Award the Petitioner temporary possession of the following personal property (including but not limited to motor vehicles, checkbooks, keys and other personal effects listed below):

|  |
| --- |
|  |

Award the Petitioner the exclusive care, custody, or control of the companion animal owned, possessed, leased, kept, or held by the petitioner, the respondent, or a minor child residing in the residence or household of the petitioner or respondent and order the respondent to stay away from the companion animal and forbid the respondent from taking, transferring, encumbering, concealing, harming, or otherwise disposing of the companion animal.

Order the Respondent to return the Petitioner the following legal documents:

|  |
| --- |
|  |

Order the Respondent to be evaluated by a certified domestic violence treatment agency and follow all recommendations for treatment and counseling.

|  |  |  |
| --- | --- | --- |
|  | Other: |  |
|  |  |  |
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The Petitioner also asks the Court for any other such relief that the Court deems appropriate and just.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | |  | |  | |
| Date | | | | | | |  | | Petitioner/Petitioner’s Attorney | |
| **VERIFICATION** | | | | | | | | | | | | | |
| STATE OF DELAWARE | | | | | ) |  | | | | | | | |
|  | | | |  | ) | ss.: | | | | | | | |
| COUNTY OF | | | |  | ) |  | | | | | | | |
|  | | | | | | | | | | | | | |
|  | | |  | | | | | | , being duly sworn, says: | | | | |
|  | | |  | | | | | | | | | | |
|  | | | I am the Petitioner in this action. I have read the above Petition and know to the best of my knowledge that the | | | | | | | | | | |
| Facts contained therein are true. | | | | | | | | | | | | | |
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|  | | | | | | | | | | |  | |  |
|  | | | | | | | | | | | Petitioner | |  |
| Subscribed and sworn before me on this date, | | | | | | | | | | | | | |
|  | |  | | | | |  | | | |  | |  |
|  | | Date | | | | |  | | | | Clerk of Court/Notary Public | |  |
|  | |  | | | | |  | | | |  | |  |