

Washington County  
Magisterial District Court 27-\_\_\_\_-\_\_\_\_

Date: \_\_\_\_\_

**PROTECTION FROM ABUSE- TEMPORARY ORDER QUESTIONNAIRE**

**1. Plaintiff:**  
(person requesting protection)

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: (home) \_\_\_\_\_

(cell) \_\_\_\_\_

2. Is your address to remain confidential from Defendant if the protection order is granted? (Circle One)                      YES                      NO

-Are you staying at an alternate location presently? (circle one)                      YES                      NO

-If yes, shall this location remain confidential?                      YES                      NO

3. If you are seeking protection for other persons, please list their names, age, address and relationship to you and the Defendant:

Name	Age	Date of Birth	Address	Relationship to You?	Relationship to Defendant?

**4. Defendant:**  
(filed against whom)

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_



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7. **Witnesses to Alleged Incident:** (Please give names, addresses and telephone numbers of any persons who observed the event and are willing to testify on behalf of the affiant)

Name	Street Address	City	State	Telephone

8. You are **NOT** required to contact local police in order to make application for a temporary order of protection, however, if an Order is granted, local police **WILL** receive a copy of temporary Order of Protection for Service.

-Have you notified a police department of the Present Situation? YES/NO, If Yes, Which Department? \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Plaintiff's Signature