

PROTECTIVE ORDER AFFIDAVIT
COMMONWEALTH OF VIRGINIA

Protective Order Case No:

I, _____, the undersigned affiant, state the following acts of abuse, beginning with the most recent incident.

Date of most recent abuse:

Location (city, town or county, and state) of abuse:

Describe the most recent act of abuse against you:

Was a weapon used against you, or were you threatened with use of a weapon?

Briefly describe any injuries you received as a result of this abuse.

Has the physical violence or abuse been increasing in frequency or severity?

Date of previous act of abuse:

Describe the previous act of abuse against you:

Was a weapon used against you, or were you threatened with use of a weapon?

Briefly describe any injuries you received as a result of this abuse.

Signature of Affiant:

Date:

Subscribed and sworn to before this officer:

Intake Office Name:

Title:

Intake Officer Signature:

Date:

Date of previous act of abuse:

Describe the previous act of abuse against you:

Was a weapon used against you, or were you threatened with use of a weapon?

Briefly describe any injuries you received as a result of this abuse.

Date of previous act of abuse:

Describe the previous act of abuse against you:

Was a weapon used against you, or were you threatened with use of a weapon?

Briefly describe any injuries you received as a result of this abuse.