

Loudoun County Juvenile & Domestic Relations Court

Leesburg, Virginia

**FAMILY ABUSE PROTECTIVE ORDER INTAKE FORM**

**DATE:**

**PETITIONER INFORMATION**

Last Name: First Name: Middle Name:  
Social Security Number: Date of Birth: Race:  
Address:  
City: State: Zip:  
Home Telephone Number: Primary Language:  
Would you like your address to remain confidential? (yes/no)

Employer Name:  
Employer Address:  
City: State: Zip:  
Employer Phone Number:  
Who referred you to the Juvenile Court Service Unit?

**RESPONDENT INFORMATION**

Last Name: First Name: Middle Name:  
Social Security Number: Date of Birth: Race:  
Height: Weight: Eye Color: Hair Color:  
Address:  
City: State: Zip:  
Home Telephone Number: Primary Language:  
Employer Name:  
Employer Address:  
City: State: Zip:  
Employer Phone Number:

**PROTECTIVE ORDER INFORMATION**

- 1. What is your relationship to the respondent?
- 2. Do you and the respondent live together? (yes/no)
- 3. Do you and the respondent have a child(ren) together? (yes/no)
- 4. Would you like to ask the judge for temporary custody of the child(ren)? (yes/no)
- 5. If yes to #4, provide the child(ren)'s information below:

Last Name	First Name	Middle Name	Sex	DOB	SSN

- 6. Are you requesting temporary child support? (yes/no)
- 7. Do you have an emergency protective order (EPO)? (yes/no)
  - a. If yes, when was the EPO issued?
- 8. Have any cases been filed in the Virginia Courts involving you (the petitioner) and the respondent? (yes/no)
- 9. Are there any criminal charges pending? (yes/no)
- 10. Are there any family or household members you would like to include as protected persons on your protective order (these individuals must reside with you)? (yes/no)
  - a. If yes, provide the individuals' name(s) below:

Last Name	First Name	Middle Name	Sex	DOB	SSN

- 11. Was a child present, involved, or a witness to the incident of violence, force or threat? (yes/no)
  - a. If yes, provide the child(ren)'s name(s) below:

Last Name	First Name	Middle Name	Sex	DOB	SSN

12. Has Child Protective Services been notified, or recently in contact with you? (yes/no)
13. Are you requesting that the respondent surrender the residence keys to law enforcement upon service of the Preliminary Protective Order?
14. Are you asking for possession of the residence and to exclude the respondent? (yes/no)
- a. If no, are you asking that the respondent be required to provide you with suitable alternative housing? (yes/no)
15. Are you asking for the respondent to be ordered not to disconnect utilities to the residence? (yes/no)
- a. If yes, please circle all that apply: Electric Water Phones Wifi Cable Gas
16. Are you asking for possession, or use, of a vehicle that you own, or jointly own with the respondent? (yes/no)
- a. If yes, what is the year and make of the vehicle?

Year	Make	Model

17. Are you requesting that the respondent be prohibited from terminating, or be required to maintain the insurance, registration, and taxes for that vehicle? (yes/no)
18. Are you requesting possession of a companion animal?
- a. If yes, provide the name(s) of the animal(s) below:

Name	Type of Animal

19. Are you requesting exclusive use of a cell phone number or electronic device, and that the respondent not terminate that cell phone number before the expiration of the contract term? (yes/no)

20. Are you requesting that the respondent be prohibited from using the cell phone or other device to locate you? (yes/no)

21. Does the respondent have any firearms? (yes/no)

a. If yes, how many?

22. Do you want the Respondent to be able to have any contact with you during the term of the Preliminary Protective Order (this can be up to 15 days)? (yes/no)

a. If yes, please circle the type(s): Phone Text Email Face-to-Face Third Party

Remember: No Contact means No Contact of Any Kind