

On behalf of (child's name)

Child's DOB

Child's race/gender

DO NOT WRITE IN THIS BOX

(FOR OFFICE USE ONLY)

English Spanish Other

Relationship

DA OH JVH CA IR

Advocate: JFP

Income 1 #

LAP Done Yes No

Interpreter? Yes No

P&P? Yes No

SA Yes No

Animal Abuse Yes No

Child Issues Yes No

Pix 0

Today's date 1/8/20

YOUR NAME

Redacted

Address X

Apt/ Unit # 1

City Greenfield

Zip Code 53228

Your gender: Female

Your preferred language English

Your date of birth X-51

(month/day/year)

Age

68

Your ethnicity Hispanic/Latino/Latina

Non-Hispanic/Non-Latino/Non-Latina

Your race(s) (check all that apply)

Asian

Black

Middle Eastern

Native American/American Indian

Native Hawaiian or Pacific Islander

Southeast Asian

White

Other (specify) _____

In what country were you born?

United States

Other _____

Do you have any disabilities? (check all that apply)

No disability

Physical disability

Mental disability

Developmental disability

Are you employed?

Yes

No

If yes, employer _____

Who suggested that you get a restraining order? (i.e. police, friend, etc.)

Police, family, help centers

CONTACT INFORMATION (Your advocate will use this information to call you several times)

Safe number to call/ text you _____

Best time for us to call you at this number:

2pm or later

Ok to leave Voicemail Ok to Text Ok to leave a message with son

Don't leave any messages/text

Work number (if we can call there) _____

OK to leave message at work? Yes No

Best time for us to call you at work: _____

Department/extension at work: _____

Other numbers or instructions _____

Safe email to reach you at (if needed) _____

How do you know the abuser? They are my boyfriend

(i.e. partner, neighbor, family member)

Do you and your abuser have children together?

Yes

No

If yes, how many? _____

What are their ages? _____

Do you live with or have you ever lived with the abuser?

Yes

No

If yes, do you want an order for him/her to be removed from your shared residence? Yes No

ABUSER'S NAME Redacted

ABUSER'S LANGUAGE English

Interpreter? Yes No

Abuser's address Same as mine X

St.

City Milwaukee

Zip code 53233

Apt/ Unit # _____

Abuser's gender: Male

Abuser's date of birth 5-15-X

(month/day/year)

Age

62

Abuser's ethnicity Hispanic/Latino/Latina

Non-Hispanic/Non-Latino/Non-Latina

Abuser's race(s) (check all that apply)

Asian

Black

Middle Eastern

Native American/American Indian

Native Hawaiian or Pacific Islander

Southeast Asian

White

Other (specify) _____

Is the abuser employed? Yes

No

I don't know

If so, where? _____

Does your abuser have any firearms (guns)? Yes

No

If yes, how many do they own or possess? _____

I don't know

Mark any of the following that occurred during the MOST RECENT incident and during PAST incident(s):

MOST RECENT INCIDENT	PAST INCIDENTS		MOST RECENT INCIDENT	PAST INCIDENTS
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Slapped	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Kicked	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Scratched	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Pushed around	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Pushed down	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Punched	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Bit	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Cut	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Stabbed	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Spanked	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Strangled/choked	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Hit with an object	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Had unwanted sexual contact	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Threatened violence	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Threatened with a gun/knife/other object	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Damaged property	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Abused/Neglected an animal	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Stalking/ Harassing	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Other (Specify <u>verbal Abuse</u>)	<input type="checkbox"/>	<input type="checkbox"/>

Did you ever seek medical care for any of these injuries? Yes No

Were the police called because of the most recent incident? Yes No I don't know

If so, what happened? (Mark all that apply) Police arrested abuser Police gave abuser a ticket
 The abuser left before the police arrived Police arrested me Police gave me a ticket
 Police took a report and said it will be reviewed by the District Attorney
 Police told me to get a restraining order The police did not take a report, make an arrest, or issue a ticket

Is the abuser in jail now? Yes No I don't know

Is the District Attorney pressing charges? Yes No They haven't decided I don't know

If yes, what charges were issued? Domestic Abuse, Disorderly Conduct I don't know may turn into battery felony

Is your abuser on probation? Yes, for abuse Yes, for something else No I don't know

Mark all that apply:
 I give permission for you to send the restraining order to the abuser's agent (P.O.)
 There is something else I'd like the agent to know (specify): _____
 I do not want you to send anything to the agent (P.O.) at this time.

Name of the abuser's probation agent? _____ No, Agent I don't know

How many people live in your household (including you)? 2

Total # of children living with you? 1 List their ages: 42

Source(s) of income? (Mark all that apply)

<input type="checkbox"/> Employment	<input type="checkbox"/> Unemployment	<input type="checkbox"/> Employment thru W2
<input type="checkbox"/> Parent's income	<input type="checkbox"/> Worker's compensation	<input type="checkbox"/> Social security/pension
<input type="checkbox"/> Food stamps	<input type="checkbox"/> SSI/ Disability	<input type="checkbox"/> Rental property
<input type="checkbox"/> Medical Assistance	<input type="checkbox"/> Spouse/partner's income	<input checked="" type="checkbox"/> Other
<input type="checkbox"/> Family/child support	<input type="checkbox"/> Student financial aid	(Specify <u>interest from late husband's accounts & stocks</u>)

What is your total annual household income before taxes? (For funding purposes only)
 \$ _____ per year Don't know

I understand that once my restraining order is filed at the Clerk of Courts Office, it becomes public record. Other information will be kept confidential unless: (a) I gave authorization to release the information (above), (b) I give permission to release this information in the future, (c) there is a serious risk of homicide/suicide/child abuse and/or (d) a court orders release of this information.

SIGNATURE REDACTED

DATE 1-8-2020
 rev 10/18

BY THE COURT:

Circuit Court Judge Circuit Court Commissioner

Print or Type Name Randy A. Landud

Date 11/8/20

STATE OF WISCONSIN, CIRCUIT COURT, MILWAUKEE COUNTY

Amended

**Temporary Restraining Order
(Temporary Order of Protection)
and Notice of Injunction Hearing
(Domestic Abuse - 30709)**

Case No. _____

PETITIONER

Name of Petitioner (First, Middle, Last)
Redacted

Date of Birth of Petitioner
1951

-VS-

RESPONDENT/DEFENDANT

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

Respondent/Defendant's Street Address, City, State, Zip
St, Milwaukee WI, 53233

SEX	RACE	DOB	HT	WT
M	BLK	7	5'7	194
HAIR COLOR			EYE COLOR	
BLK			BRO	
Respondent's/Defendant's Distinguishing Features (such as scars, marks or tattoos)				
<input checked="" type="checkbox"/> None known.				

Please specify Petitioner's relationship(s) to Respondent/Defendant:
 spouse cousin adoptive parent
 former spouse sibling grandparent
 person in dating relationship parent child (biological/adoptive/stap)
 current or former live-in relationship step parent
 Other: [Be specific] _____

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 petitioner.

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 Heardly Date
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 \$10,000, or both, payment of filing and service fees, and an order for GPS tracking.

Only the court can change this order.

THE COURT FINDS:

1. The petitioner or guardian on behalf of the petitioner filed a petition alleging domestic abuse under §813.12, Wis. Stats.
2. This court has personal and subject matter jurisdiction.
3. There are reasonable grounds to believe that the respondent has engaged in, or based on the prior conduct of the petitioner and the respondent, may engage in domestic abuse of the petitioner.
4. The petitioner is in imminent danger of physical harm.
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 01/21/2020	Time 3:15 PM	Location MILWAUKEE COUNTY FAMILY COURT COMMISSIONER 901 N 9TH ST. RM. 711712 MILWAUKEE, WI 53233
Circuit Court Judge/Circuit Court Commissioner COMM. BEPRIOS		

2. Service of this notice and order shall be made at least anytime hours prior to the hearing.
3. The respondent refrain from committing acts or threats of domestic abuse against the petitioner.
4. The respondent avoid the petitioner's residence and/or any location temporarily occupied by the petitioner.
5. The respondent avoid contacting the petitioner or causing any person other than a party's attorney or law enforcement officer to contact the petitioner unless the petitioner consents in writing. *Contact includes: contact at petitioner's home, work, school, public places, in person, by phone, in writing, by electronic communication or device, or in any other manner.*
6. The respondent refrain from removing, hiding, damaging, harming, or mistreating, or disposing of, a household pet.
7. 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.
8. The sheriff to accompany the petitioner and assist in placing the petitioner in physical possession of his/her residence, if requested.

9. Other: [May not be inconsistent with remedies requested in the petition.]

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

- refrain from committing acts or threats of domestic abuse against the petitioner;
- avoid the petitioner's residence and/or any location temporarily occupied by the petitioner;
- avoid contacting or causing any other person to contact the petitioner than a party's attorney or law enforcement officer, unless the petitioner consents to that contact in writing. *Contact includes: contact at petitioner's home, work, school, public places, in person, by phone, in writing, by electronic communication or device, or in any other manner;* 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 to participate in the court process, please call _____ prior to the scheduled court date. Please note that the court does not provide transportation.

DISTRIBUTION:

1. Court
2. Petitioner/Guardian
3. Respondent
4. Law Enforcement
5. Other: _____

STATE OF WISCONSIN, CIRCUIT COURT, MILWAUKEE COUNTY

Name of Petitioner: _____

Amended

* If you are completing this Petition on behalf of the Petitioner, insert your name on page 3.

Date of Birth: _____

**Petition for
Temporary Restraining Order
and/or Petition and Motion for
Injunction Hearing
(Domestic Abuse – 30709)**

-VS-

Respondent/Defendant: _____

Address: _____

_____ St
Milwaukee WI, 53233

Case No. _____

Respondent's:

Sex	Race	Date of Birth	Height	Weight	Hair color	Eye color
<u>M</u>	<u>BLK</u>		<u>5'7</u>	<u>194</u>	<u>BLK</u>	<u>BRO</u>

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

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

Respondent's Distinguishing Features:
(such as scars, marks or tattoos)

None known.

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 petitioner.

I PETITION THE COURT for a Temporary Restraining Order and/or Injunction against the respondent under §813.12, Wis. Stats., based on the following:

1. The adult respondent is [Mark any of the following boxes that apply]

- a. a spouse or former spouse of the petitioner.
 b. a parent, child, or a person related by blood or adoption to the petitioner.
 c. a person in a current or former live-in relationship with the petitioner.
 d. a person with whom the petitioner has a child in common.
 e. a person who provides in home or community care for the petitioner.
 f. a person with whom the petitioner has or had a dating relationship.

2. The petitioner is [Mark any of the following boxes that apply]

- a. not married to the respondent.
 b. living on property owned by respondent and the petitioner does does not have a legal interest in that property.

3. The petitioner is is not in imminent danger of physical harm.

4. Stated on next page or attached as part of this Petition is a statement of facts indicating that respondent has engaged in, or based on prior conduct of the petitioner and the respondent may engage in, domestic abuse of the petitioner.

(Domestic abuse is defined in §813.12(1)(am), Wis. Stats., as an intentional infliction of or threat to inflict physical pain, physical injury or illness; impairment of physical condition; damage to personal property; stalking; or sexual contact or sexual intercourse without consent. There must be facts showing an imminent danger of physical harm before a temporary restraining order can be issued.)

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

See attached

5. Another no contact order between the petitioner and the respondent

- does not exist or the petitioner 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. refrain from committing acts or threats of domestic abuse against the petitioner.
 - b. avoid the petitioner's residence and/or any location temporarily occupied by the petitioner.
 - c. avoid contacting the petitioner or causing any person other than a party's attorney or law enforcement officer to contact the petitioner. *Contact includes: contact at petitioner's home, work, school, public places, in person, by phone, in writing, by electronic communication or device, or in any other manner.*
 - d. refrain from removing, hiding, damaging, harming, or mistreating, or disposing of, a household pet.
 - e. allow the petitioner or a family member or household member of the petitioner acting on his/her behalf to retrieve a household pet.
 - f. Other: [List other specific behavior the petitioner wants the respondent to stop doing] _____
2. Set a time for a hearing on the Petition for an Injunction requiring the respondent to
- a. refrain from committing acts or threats of domestic abuse against the petitioner.
 - b. avoid the petitioner's residence and/or any location temporarily occupied by the petitioner.
 - c. avoid contacting the petitioner or causing any other person than a party's attorney or law enforcement officer to contact the petitioner. *Contact includes: contact at petitioner home, work, school, public places, in person, by phone, in writing, by electronic communication or device, or in any other manner.*
 - d. refrain from removing, hiding, damaging, harming, or mistreating, or disposing of, a household pet.
 - e. allow the petitioner or a family member or household member of the petitioner acting on his/her behalf to retrieve a household pet.
 - f. Other: [List other specific behavior the petitioner wants the respondent to stop doing] _____
3. If the Temporary Restraining Order is denied, the petitioner asks the Court to schedule an Injunction hearing.
4. 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 CV-437 form, Wireless Telephone Transfer Service in Injunction Case.)**
5. 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.
6. Direct the sheriff to accompany the petitioner and assist in placing the petitioner in physical possession of his/her residence, if requested.

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.

If the respondent cannot be personally served with Temporary Restraining Order and Notice of Injunction Hearing: Domestic Abuse (CV-403) form, the respondent can be served by publication using Publication Notice (CV-417) form.

- The petitioner must file with the Court an affidavit stating that service of the respondent by the sheriff or a

private process server was unsuccessful because the respondent was avoiding service by concealment or otherwise. The petitioner should get this affidavit from the sheriff or private process server.

- The petitioner also must send the Temporary Restraining Order and Notice of Injunction Hearing: Domestic Abuse (CV-403) form to the respondent via mail or facsimile and must provide proof of transmission (e.g. certified mail receipt, affidavit of mailing or faxing). The mailing or sending of a facsimile may be omitted if the post-office address or facsimile number cannot be ascertained with due diligence.

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 am: [Check one]

- The adult Petitioner.
 The guardian of Petitioner [Ward] found to be incompetent.
(Must have *Letters of Guardianship*)

DISTRIBUTION:

1. Court
2. Petitioner/Guardian
3. Respondent
4. Law Enforcement
5. Other: _____

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

~~Redacted~~

Name Printed or Typed
January 8, 2020

Date

Petitioner: ~~_____~~ CASE # _____

Respondent: ~~_____~~ Petition Date: 1-8-2020

Petition for Temporary Restraining Order and/or Injunction (Domestic Abuse - 30709)

ADDITIONAL STATEMENT OF FACTS

- On December 22nd ²⁰¹⁹ after an argument I said "I'm done talking", started to walk away and felt a big hard shove on my back. This made me lose my balance, fall to the floor, and my left wrist immediately felt pain. After going to the ER (West Allis) later that day, it was determined that I had broken bones in my left wrist.

*id was
osing
lord*
- On December 20th 2012 _____ was upset that I didn't give him one gift before we celebrated Christmas and came up to me, slapped me so hard in my face that my glasses came off and broke, cut my nose, and I fell to the floor. While sitting on the floor _____ came up to my pounding on my shoulders and yelling. Ultimately the police were dispatched and arrested.

- I believe in the Summer of 2013 _____ had ~~strapped~~ choked me while I was sitting on the couch in my family room. _____ family (_____ wife) were thankfully over at the same time. I called out for help and when they started walking towards the room _____ stopped choking me.

- There are several other moments that I do not recall the dates where _____ had slapped, kicked, pushed down, punched, strangled/choked, threats of violence, property damage, and verbal abuse. As a result of the incident on Dec. 22nd 2019 I needed to go to the West Allis ER, Aspen orthopedic specialist in New Berlin for treatment and therapy (and future therapy) and the Orthopedic Hospital of WI in Glendale for surgery.

- There is a criminal case pending for the incident on December 22nd 2019.

Petitioner Signature: _____