

**FORT MCDOWELL
TRIBAL COURT**

10755 N. Fort McDowell Rd. Suite 1
Fort McDowell, Arizona 85264

(480) 789-7604
FAX: (480) 789-7605

_____ Petitioner -V- _____ Respondent	_____ Case No.	PETITION FOR INJUNCTION AGAINST HARASSMENT
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1. The Court has jurisdiction over this cause of action pursuant to Sec. 4-100
2. The complete names and addresses of the Petitioner and Respondent are:

Petitioner

Respondent

Name

Name

Address

Address

City Zip Phone

City Zip Phone

Age Occupation

Age Occupation

Employer's Name Daytime Phone

Employer's Name Daytime Phone

Employer's Address

Employer's Address

Check here if you do not want address released

DESCRIPTION OF RESPONDENT AS FOLLOWS:

SEX	RACE	D.O.B	HEIGHT	WEIGHT	EYES	HAIR	SOCIAL SECURITY NO.

3. If this petition is not granted immediately, the following serious harm may occur:

4. Have you ever filed

Criminal Charges Petition for Injunction

Explain:

I have been harassed by the respondent as follows:

(REMEMBER: Harassment involves a series of acts. Be sure you are specific about what things happened, when they happened, and where they happened. The most recent act must have occurred within the past thirty days unless the respondent has been incarcerated or out to the Fort McDowell Indian Community, or for good cause shown.)

Petitioner asks that the Court issue an Order providing:

That the Respondent shall not:

That the Respondent stay away from the following locations (provide address) or persons:

My home: _____

My place of employment: _____

Other location(s): _____

Other Person(s): _____

Signature of the Petitioner

Date

Advocate's Signature

Date

VERIFICATION

_____, Being first duly sworn, deposes and says: I am the petitioner in the above entitled and numbered matter and have read the foregoing pleading and know the contents therein to be true of my own knowledge, except as to those matters therein stated upon information and belief, and as to such matters, I believe them to be true.

Petitioner

SUBSCRIBED AND SWORN to before me on this _____ day of _____, 20__

My Commission Expires: _____

Judge/Clerk/Notary Public