

### PETITION FOR ELDER ABUSE PROTECTION ORDER

Court Case Number

IN THE CIRCUIT COURT OF \_\_\_\_\_ COUNTY, ALABAMA  
*(Name of County)*

\_\_\_\_\_ v. \_\_\_\_\_  
*[Name of Plaintiff (victim)] [Name of Defendant (person to be restrained)]*

\_\_\_\_\_  
*(Name of Plaintiff filing on behalf of victim) (Name of Victim) [Defendant's Address (Business or Home)]*

\_\_\_\_\_  
*(Defendant's Social Security Number) (City) (State) (Zip Code)*

\_\_\_\_\_  
*(Defendant's Date of Birth)*

**YOU MUST PROVIDE COMPLETE AND TRUTHFUL INFORMATION. IF YOU DO NOT, THE COURT MAY DISMISS THIS CASE, AND YOU MAY BE SUBJECT TO BEING CHARGED WITH PERJURY FOR KNOWINGLY PROVIDING FALSE INFORMATION.**

**I. ELIGIBLE PLAINTIFFS:**

**(Note: The word, "Plaintiff," as used in this form, describes the victim and/or the person filing on behalf of the victim):**

I am 60 years of age or older and am in need of protection from elder abuse.

OR

I am filing on behalf of a person 60 years of age or older, who is need of protection from elder abuse and lacks the physical or mental capacity to seek protection for himself or herself, and I am the person's (check all that apply):  court appointed guardian (include copy of the court order of appointment);  court appointed conservator (include copy of the court order of appointment);  court appointed temporary guardian (include copy of the court order of appointment);  agent, co-agent, or successor agent appointed under the plaintiff's validly executed power of attorney who acts within the authority of the power of attorney (include copy of the power of attorney);  health care proxy appointed under the plaintiff's validly executed Advance Directive for Health Care or similar document (include document);  an interested person who has the authority to petition for protective placement or other protective services under Section 38-9-6, Ala. Code 1975.

**I state that the following is true and correct:**

The Plaintiff is a resident of \_\_\_\_\_ County/Parish in the State of \_\_\_\_\_.  
*(Name of County/Parish) (Name of State)*

Are there any criminal charges against the Defendant because of abuse to the Plaintiff?  YES  NO  
If YES, the charges were brought in \_\_\_\_\_ County/Parish, \_\_\_\_\_.  
*(Name of County/Parish) (Name of State)*

(Note: If there are more civil or other cases with the Defendant or more criminal charges against the Defendant, please attach additional 8" x 11" sheets of paper, if necessary, stating the case number(s), County(ies)/Parish(es), and States(s) in which these cases are being handled).

**(Check one or more of the following boxes if the statement(s) apply/applies to the Plaintiff):**

The Plaintiff left his or her residence to avoid further abuse or threat of abuse, and the Plaintiff is temporarily located in \_\_\_\_\_ County, Alabama.  
*(Name of County)*

The Defendant lives in \_\_\_\_\_ County/Parish, \_\_\_\_\_.  
*(Name of County/Parish) (Name of State)*

The elder abuse occurred in \_\_\_\_\_ County, Alabama.  
*(Name of County)*

I am requesting  an elder abuse protection order;  a change in a current protection order;  an emergency order;  a change in an emergency order.

Sections 38-9F-1 to 38-9F-12, Ala. Code 1975

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### II. To Get a Protection Order, the Defendant Must Have Done One or More of the Following (Check all that apply):

- |   |   |
|---|---|
| <input type="checkbox"/> Threatened to confine the Plaintiff  | <input type="checkbox"/> Injured the Plaintiff  |
| <input type="checkbox"/> Made the Plaintiff afraid that the Plaintiff would be seriously injured    | <input type="checkbox"/> Used force to exert control over the Plaintiff's property        |
| <input type="checkbox"/> Made the Plaintiff have sex by force or threat of force                    | <input type="checkbox"/> Threatened to injure/hurt the Plaintiff                          |
| <input type="checkbox"/> Kidnapped the Plaintiff  | <input type="checkbox"/> Stalked the Plaintiff  |
| <input type="checkbox"/> Trespassed on the Plaintiff's property                                     | <input type="checkbox"/> Set fire to the Plaintiff's house                                |
| <input type="checkbox"/> Tortured or willfully abused the Plaintiff                                 | <input type="checkbox"/> Restrained the Plaintiff   |
| <input type="checkbox"/> Stole from the Plaintiff   | <input type="checkbox"/> Took away or deprived the Plaintiff of food, clothing or shelter |
| <input type="checkbox"/> Recklessly engaged in conduct which risked serious injury to the Plaintiff | <input type="checkbox"/> Other (please specify): _____                                    |
| <input type="checkbox"/> Inflicted emotional or mental anguish on the Plaintiff                     |   |
| <input type="checkbox"/> Prevented Plaintiff from receiving mental or physical health care          |   |

### III. Explain the Abuse That Has Happened Below (If Applicable) (Begin With the Most Recent Act. You May Add Additional 8" x 11" Sheets of Paper, If Necessary):

Date and place where the elder abuse occurred: \_\_\_\_\_

Describe how the Defendant hurt or threatened the Plaintiff or how the Plaintiff is in imminent danger of becoming a victim:

\_\_\_\_\_  
\_\_\_\_\_

Describe how the Defendant stole from the Plaintiff: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I genuinely fear the Defendant will cause further abuse because: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### IV. Legal Information (Check all that apply):

There is a current restraining or protection order against the Defendant:

YES;  I don't know;  NO. If YES, the County and State where it was issued: \_\_\_\_\_ County, \_\_\_\_\_ (State).  
*(Name of County) (Name of State)*

The Defendant has a current restraining or protection order against the Plaintiff:

YES;  No. If YES, the County and State where it was issued: \_\_\_\_\_ County, \_\_\_\_\_ (State).  
*(Name of County) (Name of State)*

The Plaintiff has a court appointed guardian or conservator:

YES;  I don't know;  NO. If YES, the County and State where it was issued: \_\_\_\_\_ County, \_\_\_\_\_ (State).  
*(Name of County) (Name of State)*

**(Note: If there are more current restraining or protection orders against the Defendant or against the Plaintiff, please attach additional 8" x 11" sheets of paper, if necessary, stating the case number(s), County(ies)/Parish(es), and State(s) in which these Orders were issued).**

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**V. Residence**

THE DEFENDANT MAY BE REQUIRED TO MOVE FROM THE PLAINTIFF'S RESIDENCE IF THE RESIDENCE IS IN THE SOLE NAME OF THE PLAINTIFF, IF IT IS JOINTLY OWNED OR RENTED BY THE PLAINTIFF AND THE DEFENDANT.

The place where the Plaintiff lives is:  Owned by:  the Plaintiff; or  the Defendant; or  both the Plaintiff and the Defendant.  
 Rented by:

**VI. Emergency Relief Requested (Please Check the Boxes To Show What is Requested):**

The Plaintiff is at risk of imminent potential harm, and I am asking the Court for the following for myself or the person(s) for whom I am applying:

(1) Enjoin the Defendant from threatening to commit or committing acts of elder abuse, as defined in the Elder Abuse Protection Order and Enforcement Act, against the:  
 Plaintiff; and/or  any designated person, to-wit: \_\_\_\_\_.  
(Name of Person)

(2) Restrain and enjoin the Defendant from:  
 Harassing;  Stalking;  Annoying;  Telephoning;  Contacting\*;  Communicating with:  the Plaintiff; OR  
 Threatening or engaging in conduct that would place the following in reasonable fear of bodily injury:  the Plaintiff; and/or  any designated person, to wit: \_\_\_\_\_.  
(Name of Person)

\* "Contacting" may include, but is not limited to, communicating with the victim verbally or in any written form, either in person, telephonically, electronically, or in any other manner, either directly or indirectly through a third person.

(3) Order the Defendant to stay away from:  the Plaintiff's  residence;  place of employment; and/or  any specified place frequented by the Plaintiff the Defendant has no legitimate reason to frequent, to-wit: \_\_\_\_\_.  
(Place)

(4) Remove and exclude the Defendant from the residence of the Plaintiff, regardless of ownership of the residence.

(5) Order possession and use of an:  automobile and/or  other essential personal effects regardless of ownership; and  direct the appropriate law enforcement officer to accompany the Plaintiff to the residence of the Plaintiff or to other specified locations as necessary to protect the Plaintiff from abuse.

(6) Prohibit the Defendant from:  transferring;  concealing;  encumbering; or  otherwise disposing of specified property mutually owned or leased by the parties or in which the Plaintiff had an ownership interest within the last 12 months, to-wit: \_\_\_\_\_  
(Please describe property).

(7) Prohibit the Defendant from transferring the funds, benefits, property, resources, belongings, or assets of the Plaintiff to any person other than the Plaintiff.

(8) Restrain the Defendant from exercising control over the funds, benefits, property, resources, belongings, or assets of the Plaintiff.

(9) Require the Defendant to provide an accounting of the disposition of the Plaintiff's income and other resources, and of the Plaintiff's debts and expenses.

(10) Restrain the Defendant from exercising any powers the Defendant has been granted as the Plaintiff's agent under power of attorney.

(11) Require the Defendant to comply with the instructions of the Plaintiff's guardian, conservator, or agent under power of attorney.

(12) Order other relief deemed necessary to provide for the safety and welfare of the:  Plaintiff; and/or  any designated person as follows: \_\_\_\_\_  
(Describe).

**VII. Additional relief requested for final hearing (permanent order):**

**In addition to the relief requested above in "VI. Emergency Relief Requested," I request the following relief for myself and/or person(s) for whom I am applying:**

(13) Require the Defendant to return custody or control of the funds, benefits, property, resources, belongings, or assets to the Plaintiff.

(14) Order restitution.

(15) Prohibit the Defendant from possessing a firearm or other weapon specified by the court, except when the weapon is necessary for employment as a law enforcement officer or military personnel.

(16) Order the Defendant to pay attorney's fees and court costs.

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(17) Order other relief not requested above (describe):

\_\_\_\_\_  
\_\_\_\_\_

Before me, the undersigned authority, personally appeared the Plaintiff or person filing on behalf of the Plaintiff, who is known to me or presented an identification card to me and who being duly sworn, deposes and says that he/she has read the foregoing Petition for Elder Abuse Protection Order and that the facts herein are true and correct.

Sworn to and subscribed before this, the \_\_\_\_\_ day of \_\_\_\_\_.

\_\_\_\_\_  
*Name of Plaintiff (Please print)*

\_\_\_\_\_  
*(Signature of Plaintiff)*

\_\_\_\_\_  
*Person filing on behalf of the Plaintiff (Please print)*

\_\_\_\_\_  
*(Signature of Person filing on behalf of the Plaintiff)*

\_\_\_\_\_  
*Judge/Clerk of Court/Notary Public*  
*(Notary: My commission expires \_\_\_\_\_)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
*Business Address and Telephone Number of Judge/Clerk  
of Court/Notary Public*

### NOTICE TO DEFENDANT

The Defendant is advised that (1) he or she has the right to counsel at his or her own expense at the final hearing on this Petition but not counsel appointed by the court; and (2) he or she has a right to request a final hearing prior to 10 days of perfection of service of this Petition.