

Your name \_\_\_\_\_  
Name of person to be restrained \_\_\_\_\_

## RESTRAINING ORDER CHECKLIST

**PLEASE NOTE: A restraining order can only protect ONE person and can only restrain ONE person.**

**PLEASE INITIAL THE STATEMENT BELOW TO INDICATE YOUR UNDERSTANDING:**

\_\_\_\_\_ I acknowledge that today's process will take a MINIMUM of 30 minutes and could take as long as two hours. If my restraining order is granted, it will be on a TEMPORARY basis and I understand I will be REQUIRED to return for a second court hearing within two weeks.

**PLEASE ANSWER 'YES' OR 'NO' TO THE FOLLOWING QUESTIONS:**

- I have an address for the person I am asking to be restrained.  YES  NO
- I have a child or children with the person to be restrained.  YES  NO
- The restrained party and I are both at least 18 years of age.  YES  NO
- I believe that I am in immediate danger of physical harm.  YES  NO
- I know the restrained party owns or is in control of firearms and ammunition.  YES  NO
- Does either party have an open case in Colorado?  YES  NO
- Have you and the person to be restrained been involved in an intimate relationship?  YES  NO
- I understand that if I am a non-parent of a child(ren) included in this protection order that  
I will be required to provide documentation of legal guardianship and/or custody.  YES  NO  N/A
- I am filing on behalf of a business and have legal authority.  YES  NO  N/A
- Does either party go by another name other than one listed?  YES  NO
- If so, please list the name(s): \_\_\_\_\_

How is the person to be restrained related to you?

- Husband/Wife  Boyfriend/Girlfriend  Relative  Neighbor  Other: \_\_\_\_\_

**PLEASE INITIAL ALL STATEMENTS THAT DESCRIBE THE REASONS YOU ARE REQUESTING A RESTRAINING ORDER AGAINST THIS PERSON.**

\_\_\_\_\_ This person has made harassing phone calls to me. During the phone calls this person has stated:

\_\_\_\_\_

\_\_\_\_\_ This person has physically hurt me.

\_\_\_\_\_ This person has threatened to hurt me physically.

\_\_\_\_\_ This person has threatened to take my/our child(ren) from me.

\_\_\_\_\_ This person has molested my child(ren).

\_\_\_\_\_ If none of the above fits your situation, please explain:

\_\_\_\_\_

\_\_\_\_\_

## INCIDENT CHECKLIST

**WARNING:** This form is provided to help you prepare for your hearing. You may keep it or you may file it with your complaint. **IF YOU DO FILE IT, IT WILL BECOME A PART OF THE PUBLIC RECORD AND WILL BE SERVED ON THE RESPONDENT AS A PART OF THE COMPLAINT.**

Type of Abuse	Location Where Abuse Occurred	Date(s) of Incident(s)	Physical Injury, if Any	Police Contact?
Name-calling/Directed Use of Obscenities				
Threatening/Harassing Phone Calls				
Threat to Injure Self				
Threat to Injure Others				
Threat by Physical or Sexual Abuse to Children				
Threat by Displaying or Pointing Weapon, or by Access to Weapon				
Threat by Cruelty to Animals				
Threat by Following				
Threat by Damage to Property				
Throwing Things				
Grabbing				
Shoving or Pushing				
Forcing Sexual Contact				
Physically Abusing Children in Household				
Sexually Abusing Children in Household				
Slapping (with an open hand)				
Punching (with a closed fist)				
Kicking				
Using Weapon				
Biting				
Choking or Strangling				
Beating				
Forcing Other to Stay in Closet, Room, Homes, or Other Locations				

Date: \_\_\_\_\_

Petitioner: \_\_\_\_\_