



**Confederated Tribes of the Umatilla Indian Reservation**  
**Tribal Court**  
 46411 Ti'mine Way  
 Pendleton, OR 97801  
 (541) 276-2046

**DV-100**

**PETITION FOR DOMESTIC ABUSE PROTECTION ORDER**

1. Your Name (Person asking for protection - Petitioner):

\_\_\_\_\_

Date form is filed:

2. Name of person you want protection from (Respondent):

\_\_\_\_\_

CASE NUMBER:

3. Besides you, do your children or intimate partner need protection? (if so, list here):

Full Name	Age	Lives with you?	Child or Intimate Partner?
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

If one or more of the above listed persons do not live with you at your listed address (below), indicate their name and residence:

\_\_\_\_\_

4. Your information:

**NOTE: IF THIS INFORMATION NEEDS TO BE KEPT CONFIDENTIAL USE OREGON LEDS INFORMATION FORM DV-260**

Full legal name: \_\_\_\_\_

Sex:  Male  Female Height: \_\_\_\_\_ Weight: \_\_\_\_\_ DOB: \_\_\_\_\_

Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Age: \_\_\_\_\_ Race: \_\_\_\_\_

Tribe Member and Tribe: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Vehicle (year, make, model, color): \_\_\_\_\_ License Number/ State: \_\_\_\_\_

CASE NUMBER: \_\_\_\_\_

Your Name: \_\_\_\_\_

**5. What is your relationship to the person in 2? (Check all that apply):**

- Spouse  Former Spouse  Adult person related by blood, marriage, or adoption  Person I cohabit, or have cohabited, with
- Former or present intimate partner  Parent of my child  Dating partner

**6. Respondent information:**

**Full legal name:** \_\_\_\_\_

Sex:  Male  Female Height: \_\_\_\_\_ Weight: \_\_\_\_\_ DOB: \_\_\_\_\_

Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Age: \_\_\_\_\_ Race: \_\_\_\_\_

If Indian, tribal affiliation : \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Vehicle (year, make, model, color): \_\_\_\_\_ License Number/ State: \_\_\_\_\_

Does Respondent have access to a firearm?  Yes  No.

Does Respondent possess a firearm?  Yes  No.

Has Respondent ever used a firearm in an intimidating, threatening, or abusive way?  Yes  No. If Yes explain: \_\_\_\_\_

**7. Other Court Cases**

a. Have you and the person in 2 been involved in another court case?

If yes, where? County/Reservation: \_\_\_\_\_ State: \_\_\_\_\_

What are the case numbers? (If you know): \_\_\_\_\_

What kind of case? (check all that apply):

- Domestic Partnership  Divorce/Dissolution  Parentage/Paternity  Legal Separation  Civil Harassment
- Domestic Violence  Criminal  Juvenile  Child Support  Nullity
- Other (specify): \_\_\_\_\_

b. Are there any domestic violence restraining/protective orders now (criminal, juvenile, family)?

Yes  No – If yes, attach a copy if you have one.

**8. FILL THIS OUT ONLY IF YOU ARE IN IMMEDIATE DANGER AND NEED AN EMERGENCY TEMPORARY ORDER**

I am in immediate danger of domestic abuse by the Respondent (person in 2). The reason I am in immediate danger is because (use a separate sheet of paper if necessary):

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

CASE NUMBER:

Your Name: \_\_\_\_\_

9. (Fill this out if you are not in immediate danger) The factual basis for this request is as follows (describe the abuse, state who committed the abuse, when it occurred and who was abused – attach a separate sheet of paper if necessary):

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

Did any of this happen within 180 days before making this request?  Yes  No.

**What orders do you want? Check the boxes that apply to your case**

10. FOR THESE REASONS I WANT THE COURT TO (check all boxes and fill in all blanks that apply)

- a.  Restrain the Respondent from having any contact or communication, direct or indirect, including by phone, mail, email, text message, or through third persons, with me, my children, or my intimate partner;
- b.  Prohibit the Respondent from being within \_\_\_\_\_ feet from me, my children, or my intimate partner;
- c. Direct the Respondent to leave the residence at \_\_\_\_\_;
- d.  Prohibit the Respondent from being within \_\_\_\_\_ feet of  my residence  intimate partner’s residence for the duration of the order;
- e.  Prohibit the Respondent from entering the my residence, school, business or place of employment, and the children’s school or daycare;
- f.  Award me  temporary custody of, or  visitation with, my child or children;
- g.  Award me temporary child support in the amount of \$\_\_\_\_\_ ; (In the event child support is ordered, the court shall notify the Office of Child Support Enforcement to assist in determining the amount of child support owed pursuant to the relevant provisions of the Family Law Code);
- h.  Exclude the respondent from the reservation (only if the court finds exclusion is necessary to prevent future acts of domestic abuse);
- i.  The following (not listed above) because it is necessary or appropriate to ensure  my safety or  the safety of my children: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I declare under penalty of perjury under the laws of the Confederated Tribes of the Umatilla Indian Reservation that the all of the information above is true and correct to the best of my knowledge.

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

\_\_\_\_\_  
Print your name

▶ \_\_\_\_\_  
Sign your name