

PETITION FOR TEMPORARY RESTRAINING ORDER

This form allows the petitioner to request that the Court issue a temporary restraining order (TRO) to command a person or persons to cease or refrain from doing some act or acts.

The person or persons requesting this order of restraint must completely fill-out this petition and then sign the petition in the presence of the clerk of court or notary public.

In the petition, the person must state with very specific facts what immediate, irreparable or irremediable harm will result if the restraining order is not granted. The person must list all the persons involved and all the persons who should be restrained.

If the TRO is granted, the TRO will be good for 10 days until the Court holds a hearing on whether the TRO should convert to a permanent injunction.

The respondent, the person must respond to the petition, will be served with the petition and the notice of the time and place of the hearing that will consider the permanent injunction.

There is a \$25.00 filing fee for the Petition for a Temporary Restraining Order.

**FORT PECK TRIBAL COURT
ASSINIBOINE AND SIOUX TRIBES
FORT PECK INDIAN RESERVATION
POPLAR, MONTANA**

Case No. _____

Petitioner

vs.

**PETITION FOR A
TEMPORARY RESTRAINING
ORDER**

Respondent

I, _____, hereby petition for a temporary restraining order to be placed against _____ for the following reasons:

(Use reverse side if needed)

I hereby move the Court for a temporary restraining order.

Petitioner

SUBSCRIBED and SWORN to before me this ____ day of _____, 20____.

Clerk of Court/Notary Public

PERSONAL INFORMATION SHEET

PLEASE FILL OUT THIS PAGE COMPLETELY SO WE MAY SERVE YOU BETTER!

PETITIONER'S NAME: _____
FIRST MIDDLE LAST

ANY OTHER NAMES YOU HAVE USED, INCLUDING MAIDEN AND NICKNAMES

MAILING ADDRESS: _____ PHYSICAL ADDRESS: _____

HOME TELEPHONE NO. _____ CELL NO. _____

PLACE OF EMPLOYMENT: _____ WORK NO. _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

TRIBE: _____

-VS-

RESPONDENT'S NAME: _____
FIRST MIDDLE LAST

ANY OTHER NAMES YOU HAVE USED, INCLUDING MAIDEN AND NICKNAMES

MAILING ADDRESS: _____ PHYSICAL ADDRESS: _____

HOME TELEPHONE NO. _____ CELL NO. _____

PLACE OF EMPLOYMENT: _____ WORK NO. _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

TRIBE: _____

LAW ENFORCEMENT SERVICE INFORMATION

Confidential

Please provide as much information as you can. **YOU MUST FILL IN ALL THE SHADED AREAS.** If you do not, law enforcement will not serve your order and the form will be returned to the court clerk.

You (Remember you **MUST** fill in all the shaded areas):

Last Name:		First:		Middle Initial:	
Date of Birth:	Race:	Male <input type="checkbox"/> Female <input type="checkbox"/>		Social Security No.:	
Home Address:		City:		State:	Zip:
Home Phone No.:			Message Phone No.:		
Work Name and Address:				Phone No.:	
Name of Relative or Friend Not Living With You:				Phone No.:	

Other Persons You Wish Protection For: (Please use additional page, if needed)

Last Name:		First:		Middle Initial:	
Date of Birth:	Race:	Male <input type="checkbox"/> Female <input type="checkbox"/>		Social Security No.:	
Home Address:		City:		State:	Zip:
Last Name:		First:		Middle Initial:	
Date of Birth:	Race:	Male <input type="checkbox"/> Female <input type="checkbox"/>		Social Security No.:	
Home Address:		City:		State:	Zip:
Last Name:		First:		Middle Initial:	
Date of Birth:	Race:	Male <input type="checkbox"/> Female <input type="checkbox"/>		Social Security No.:	
Home Address:		City:		State:	Zip:
Last Name:		First:		Middle Initial:	
Date of Birth:	Race:	Male <input type="checkbox"/> Female <input type="checkbox"/>		Social Security No.:	
Home Address:		City:		State:	Zip:

The Person Against Whom You Are Seeking the Order:

Last Name:		First:		Middle Initial:	
Date of Birth:	Race:	Male <input type="checkbox"/> Female <input type="checkbox"/>		Social Security No.:	
Home Address:		City:		State:	Zip:
Home Phone No.:			Message Phone No.:		
Height:	Weight:	Hair Color:		Eye Color:	
Describe any tattoos or scars:					
Employer:			Phone No.:		Work Days/Hours:
Address:			City:		State: Zip:
Name of Relative or Friend:				Phone No.:	
Make & Model of Car:				Year:	Color: