

STATE OF NORTH CAROLINA

File No.

In The General Court Of Justice
District Court Division

County

Name Of Plaintiff (Person Filing Complaint)

VERSUS

Name And Address Of Defendant (Person Accused Of Abuse)

COMPLAINT AND MOTION
FOR
DOMESTIC VIOLENCE
PROTECTIVE ORDER

G.S. 50B-1, -2, -3, -4

(Check only boxes that apply and fill in blanks. Additional sheets may be attached.)

- 1. I live in County, North Carolina.
2. The defendant and I are married. are divorced.
are persons of the opposite sex who are not married but live together or have lived together.
have a child in common.
are parent and child or grandparent and grandchild.
are current or former household members.
are persons of the opposite sex who are in or have been in a dating relationship.
3. There is is not another court proceeding between the defendant and me pending in this or any other state.
(List county, state and what kind of proceeding, if applicable.)

4. The defendant has attempted to cause or has intentionally caused me bodily injury; or has placed me or a member of my family or household in fear of imminent serious bodily injury or in fear of continued harassment that rises to such a level as to inflict substantial emotional distress; or has committed a sexual offense against me in that: (Give specific dates and describe in detail what happened.)

5. The defendant has attempted to cause or has intentionally caused bodily injury to the child(ren) living with me or in my custody; has placed my child(ren) in fear of imminent serious bodily injury or in fear of continued harassment that rises to such a level as to inflict substantial emotional distress; or has committed a sexual offense against the child(ren) in that: (Give specific dates and describe in detail what happened.)

- 6. I believe there is danger of serious and immediate injury to me or my child(ren).
7. (Check this block if you ask for temporary child custody.) The defendant and I are the parents of the following child(ren) under the age of eighteen.

A COPY OF "AFFIDAVIT AS TO STATUS OF MINOR CHILD" (AOC-CV-609) MUST BE ATTACHED FOR EACH CHILD.

Table with 6 columns: Name, Sex, Date Of Birth, Name, Sex, Date Of Birth

8. (Fill in the block if you are asking for temporary child custody) The minor child(ren) listed in No 7. above is exposed to a substantial risk of physical or emotional injury or sexual abuse in that: (Describe in detail what happened that created a risk of physical or emotional injury or sexual abuse.)
- _____
- _____
- _____
9. The defendant has firearms and ammunition as described below, has a permit to purchase a firearm, and has a permit to carry a concealed weapon. (Describe all firearms, ammunition, gun permits and give identifying number(s) if known, and indicate where defendant keeps firearms and gun permits.)
- _____
- _____
- _____
10. The defendant has used or threatened to use a deadly weapon against me or minor child(ren) in my custody or has a pattern of prior conduct involving the use or threatened use of violence with a firearm against any persons in that (give specific dates and describe in detail what happened)
- _____
- _____
- _____
11. The defendant has made threats to commit suicide in that (give specific dates and describe in detail what happened)
- _____
- _____
- _____

Because Of The Acts Of Domestic Violence By The Defendant, I Am Requesting That The Court Give Me The Following Relief:

(Check only boxes that apply.)

1. I want emergency relief.
2. Since there is a danger of acts of domestic violence against me or my child(ren), I want an Ex Parte Order before notice of a hearing is given to the defendant.
3. I want the Court to order the defendant not to assault, threaten, abuse, follow, harass or interfere with me and my child(ren).
4. I want possession of our residence at the address listed below, and I want the defendant to move from and not return to the residence.
- Address Of Residence
5. I want the Court to order the eviction of the defendant from the residence listed above and I want assistance in returning to the residence.
6. I want possession of the personal property such as clothing and household goods in the residence listed above except for the defendant's personal clothing, toiletries and tools of trade.
7. I want the defendant to be ordered not to come on or about:
- | | |
|--|--|
| <input type="checkbox"/> (a) my residence. | <input type="checkbox"/> (b) any place where I am receiving temporary shelter. |
| <input type="checkbox"/> (c) the place where I work. | <input type="checkbox"/> (d) any school(s) the child(ren) attend. |
| <input type="checkbox"/> (e) the place where the child(ren) receives day care. | <input type="checkbox"/> (f) the place where I go to school. |
| <input type="checkbox"/> (g) Other: (name other places) | |

The child(ren) currently attend: (name school)

VERSUS

File No.

Name Of Defendant

- 8. I want the defendant to be ordered to have no contact with me.
- 9. I want possession and use of the following vehicle:

<i>Describe Vehicle</i>

- 10. I want temporary custody of our minor child(ren) listed in this Complaint. I understand that I must file a separate child custody action for permanent custody.
- 11. I want the defendant to be ordered to make payments for the support of our minor child(ren), as required by law, but I understand it is only temporary and that I must file a separate child support action for regular, permanent child support.
- 12. I want the Court to prohibit the defendant from possessing or purchasing a firearm.
- 13. I want the Court to order the defendant to surrender to the sheriff his/her firearms, ammuniion, and gun permits to purchase a firearm and carry a concealed weapon.
- 14. I want the defendant to be ordered to attend an abuser treatment program.
- 15. I want the defendant to be ordered to provide me and the child(ren) suitable alternative housing.
- 16. I want the defendant to be ordered to make payments for my support as required by law, but I understand it is only temporary and that I must file a separate action for regular permanent spousal support.
- 17. Other: *(specify)*

Date

Signature Of Plaintiff (Person Filing Complaint)

VERIFICATION

I, the undersigned, being first duly sworn, say that I am the plaintiff in this action; that I have read the Complaint and Motion; that the matters and things alleged in the Complaint and Motion are true except as to those things alleged upon information and belief and as to those I believe them to be true and accurate.

SWORN/AFFIRMED AND SUBSCRIBED TO BEFORE ME

Date

Date

Signature

Signature Of Plaintiff

- Deputy CSC
- Assistant CSC

- Clerk of Superior Court
- Designated Magistrate

Name Of Plaintiff (Type Or Print)

Notary

Date My Commission Expires

SEAL

County Where Notarized