

**WHITE EARTH BAND OF OJIBWE  
TRIBAL COURT**

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In the Matter of:

\_\_\_\_\_  
Petitioner (first, middle, last)

vs.

\_\_\_\_\_  
Respondent (first, middle, last)

**Petitioner's Affidavit  
and Petition for  
Order for Protection**

File No. \_\_\_\_\_

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READ THE INSTRUCTIONS BEFORE FILLING OUT THESE FORMS.

I, being sworn/affirmed on oath, state that:

**1. I am the Petitioner (the person requesting the order) in this action. This affidavit supports my request for an Order for Protection (OFP).**

**General Information**

2. A. My address is \_\_\_\_\_.  
(Note: You may provide your address separately if you want it to be confidential.)  
My date of birth is \_\_\_\_\_.
- B. I am a ☐ female ☐ male and my race is \_\_\_\_\_.  
(This information is necessary for Federal reporting requirements.)
3. A. Respondent's address is \_\_\_\_\_,  
and date of birth is \_\_\_\_\_. (If Respondent is under 18 years old, service must  
be made on parent or guardian of Respondent, as well as Respondent.)
- B. Respondent is a ☐ female ☐ male and his/her race is \_\_\_\_\_.  
(This information is necessary for Federal reporting requirements.)
4. My relationship with the Respondent(s) is as follows (check all that apply):  
☐ Husband/Wife (date of marriage \_\_\_\_\_)  
☐ Former husband/wife (date of marriage \_\_\_\_\_)  
☐ Living together  
☐ Lived Together (from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_)  
☐ Have a child together  
☐ Have an unborn child together  
☐ Parent/child  
☐ Related by blood  
☐ Significant romantic or sexual relationship (if checked, answer items below):

How long did the relationship last? \_\_\_\_\_

How often did you have contact with Respondent? \_\_\_\_\_

Length of time since the relationship ended: \_\_\_\_\_

5. I am (or have been) involved with the Respondent in the following court actions:

| Type of action                                              | County | Date  |
|-------------------------------------------------------------|--------|-------|
| <input type="checkbox"/> Marriage dissolution/divorce       | _____  | _____ |
| <input type="checkbox"/> Custody                            | _____  | _____ |
| <input type="checkbox"/> Paternity                          | _____  | _____ |
| <input type="checkbox"/> Domestic abuse related charges     | _____  | _____ |
| <input type="checkbox"/> Domestic abuse related convictions | _____  | _____ |
| <input type="checkbox"/> Child protection                   | _____  | _____ |

### **Abuse Information**

For an explanation of what constitutes domestic abuse, see page 1 of the instructions.

6. I ☐ have / ☐ have not been involved with the Respondent in a prior application for an order for protection. (If you have been involved in a prior application for an order for protection, fill in the following):

a. County where application was filed: \_\_\_\_\_

b. Date filed: \_\_\_\_\_

c. Name of Judge or judicial officer: \_\_\_\_\_

d. Result:

☐ Temporary Ex Parte Order only (petitioner withdrew application or failed to appear)

☐ OFP granted; expiration date: \_\_\_\_\_

☐ OFP denied

e. The following acts of abuse, harassment, or stalking have happened since I last applied:

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7. Respondent has inflicted or threatened domestic abuse ☐ upon me and/or ☐ upon the minor child (ren) named here:

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8. Describe specific acts of domestic abuse and give approximate dates, listing the most recent incidents first. Attach additional sheets if necessary. (See paragraph 8 of the instruction sheet).

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9. As a result of the domestic abuse, I have: (Attach any medical or police records to this Affidavit or bring them with you to court.)

☐ had contact with law enforcement \_\_\_\_\_  
☐ sought medical help \_\_\_\_\_  
(Indicate dates and location if possible.)

10. Respondent and I are the parents of the following minor child (ren) (See paragraph 10 of the instruction sheet):

| Name(s) | Gender | Date(s)<br>of birth | Race | Person who child<br>(ren) are with now | Court Action<br>involving child (ren)? |
|---------|--------|---------------------|------|----------------------------------------|----------------------------------------|
|---------|--------|---------------------|------|----------------------------------------|----------------------------------------|

|  |  |  |  |  |                        |
|--|--|--|--|--|------------------------|
|  |  |  |  |  | (Indicate county/type) |
|  |  |  |  |  | /                      |
|  |  |  |  |  | /                      |
|  |  |  |  |  | /                      |
|  |  |  |  |  | /                      |
|  |  |  |  |  | /                      |

11. Other minor child (ren) who are involved:

| Name(s) | Gender | Date(s)<br>of birth | Race | Person who child<br>(ren) are with now | Your relationship to<br>child (ren) |
|---------|--------|---------------------|------|----------------------------------------|-------------------------------------|
|         |        |                     |      |                                        |                                     |
|         |        |                     |      |                                        |                                     |
|         |        |                     |      |                                        |                                     |
|         |        |                     |      |                                        |                                     |
|         |        |                     |      |                                        |                                     |

12. a. ☐ Custody of the minor child (ren) listed below should be awarded to me.

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b. ☐ Respondent should have the following parenting time (visitation) with the minor child (ren).

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c. ☐ Respondent's parenting time (visitation) with the minor child (ren) should be ☐ restricted or ☐ supervised.

d. I am seeking the above relief because:

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13. Additional Information:

a. I am seeking ☐ child support / ☐ spousal maintenance / ☐ medical support/health insurance. (If you are seeking child support or maintenance, please fill out this section.)

My income is \$\_\_\_\_\_ per month, from \_\_\_\_\_

(source). I have monthly expenses of \$\_\_\_\_\_, including \$\_\_\_\_\_ for minor child (ren).  
Respondent's income is \$\_\_\_\_\_ per month, from \_\_\_\_\_  
\_\_\_\_\_ (source). Address of Respondent's employer: \_\_\_\_\_  
\_\_\_\_\_

b. I have childcare costs of \$\_\_\_\_\_ per month because of employment or school.

c. ☐ My or ☐ the child's (ren's) health insurance is provided by \_\_\_\_\_.

d. Other information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. As a result of the respondent's acts of domestic abuse, I am seeking restitution in the amount of  
\$\_\_\_\_\_ for the following expenses: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(See paragraph 14 of the instruction sheet.)

### **Requests for Court Action**

15. ☐ An emergency exists and I fear immediate and present danger of further acts of domestic violence.

16. Based on this affidavit, I am asking the court to give me the following immediate protection:

☐ Restrain and enjoin Respondent from causing me or the minor child (ren) any physical harm, and  
from causing me or the minor child (ren) fear of immediate physical harm.

☐ Direct Respondent to have no contact with me or the minor child (ren), whether in person, with or  
through other persons, by telephone, letter or in any way.

☐ Exclude Respondent from:

☐ the dwelling we share.

☐ the place where I live: ☐ Petitioner's address is confidential

☐ Address: \_\_\_\_\_.

☐ the place where I work: Name \_\_\_\_\_  
Address: \_\_\_\_\_.

☐ Order Respondent to continue all currently available insurance coverage without change in coverage  
or beneficiaries

☐ Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

17. ☐ I request a hearing. (If you wish to have this order enforced in any  
other state, you must request a hearing.)

18. Based on this affidavit and any additional information before the court after a full hearing, I request the following, in addition to those items requested above: (If you request any of the following, a hearing will be held.)

- ☐ Exclude Respondent from a reasonable area surrounding my residence.
- ☐ Grant me sole legal and physical custody of the child (ren), subject to the following parenting time (visitation) to the Respondent (see question 12):
  - ☐ No parenting time (visitation)
  - ☐ Supervised parenting time (visitation)
  - ☐ Parenting time (visitation) subject to the following conditions:

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- ☐ Direct Respondent to pay a reasonable amount of money for the support of our minor child (ren).
- ☐ Direct Respondent to pay a reasonable amount of money for maintenance for me.
- ☐ Award me temporary use and possession of personal property and restrain respondent from disposing of or destroying property.
- ☐ Restitution in the amount of \$\_\_\_\_\_. (See question 14)
- ☐ Direct that the following counseling, treatment, or other social services be provided to Respondent:
  - ☐ Domestic Abuse program
  - ☐ Alcohol/chemical dependency evaluation and treatment
  - ☐ Other

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- ☐ Direct the local law enforcement agency to provide the following assistance:

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- ☐ Provide other relief as necessary for the protection of me and the minor child (ren).

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19. I further request such other relief at the time of the full hearing as the Court finds necessary for the protection of a family or household member, including orders or directives to law enforcement agencies.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature (*Sign only in front of notary public or court administrator.*)

Name: \_\_\_\_\_  
(If your address is confidential, provide the following ONLY on the  
*Petitioner's Information Sheet.*)

Sworn/affirmed before me this  
\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_

\_\_\_\_\_  
Notary Public \ Deputy Court Administrator

**WHITE EARTH BAND OF OJIBWE  
TRIBAL COURT**

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In the Matter of:

\_\_\_\_\_  
Petitioner (first, middle, last)

**Emergency (Ex parte)  
Order for Protection**

vs.

\_\_\_\_\_  
Respondent (first, middle, last)

File No. \_\_\_\_\_

TO: \_\_\_\_\_, the Respondent named above:

Based on the Affidavit and Petition for an Order For Protection in this matter, the Court Finds:

1. ☐ The Petition alleges an immediate danger of domestic abuse.
2. ☐ An order for protection should be issued.
3. ☐ The safety of the Petitioner and the child(ren) requires that temporary custody be granted to the Petitioner.
4. ☐ The petition contains allegations of child abuse.
5. ☐ Petitioner is requesting a hearing.
6. ☐ A hearing is required to address the relief requested in the petition.
7. ☐ A Court Order is in effect which awarded Petitioner/Respondent custody.
8. ☐ Paternity of the children has not been established.
9. ☐ Other

Based upon these findings, IT IS ORDERED:

1. A. ☐ A hearing will be held at the White Earth Tribal Court, 26246 Crane Rd., White Earth, MN 56591 on \_\_\_\_\_ at \_\_\_\_\_. The Court will decide at that time  
(Date) (Time)

whether to grant the relief requested in the Petition for an Order for Protection.

IF RESPONDENT FAILS TO APPEAR FOR THE HEARING, THE ORDER REQUESTED BY PETITIONER MAY BE GRANTED. IF RESPONDENT FAILS TO APPEAR AT THE HEARING, THE RESPONDENT MUST STILL OBEY THIS ORDER OR ANY OTHER ORDER FOR PROTECTION ISSUED BY THE COURT IN THIS CASE. IF PETITIONER FAILS TO APPEAR FOR THE HEARING, THE CASE MAY BE DISMISSED.

- B. ☐ A hearing will not be held unless requested by Respondent. The Respondent has the right to request a hearing.
2. ☐ Respondent shall appear personally and respond to the petition.

**IF YOU FAIL TO APPEAR YOU MAY BE HELD IN CONTEMPT OF COURT**

3. The following relief is granted:

- A. ☐ Respondent shall not commit acts of domestic abuse against the petitioner. This means that Respondent may not harm or cause fear of harm to the Petitioner or the child(ren), and that Respondent may not use, attempt to use, or threaten to use physical force that would reasonably be expected to cause bodily injury to Petitioner or the child(ren).
- B. ☐ Respondent must not have any contact with (Petitioner) (children) whether in person, with or through other persons, by telephone, letter or in any other way.
- C. ☐ Respondent must not enter Petitioner's residence located at (address) \_\_\_\_\_, (Petitioner's residence is not disclosed) OR ANY FUTURE RESIDENCE. RESPONDENT MUST NOT ENTER OR STAY AT PETITIONER'S RESIDENCE FOR ANY REASON, EVEN IF INVITED TO DO SO. PETITIONER IS NOT IN VIOLATION OF THIS ORDER AND THE ORDER REMAINS IN EFFECT IF RESPONDENT IS FOUND AT PETITIONER'S RESIDENCE. NOTE: DO NOT PUT YOUR ADDRESS HERE IF YOU DO NOT WANT IT DISCLOSED.
- D. ☐ Respondent may remove necessary belongings from the Petitioner's address under the supervision of the police or sheriff.
- E. ☐ Respondent must not enter or call Petitioner's place of employment at \_\_\_\_\_.
- OR
- ☐ Respondent's contact with Petitioner at Petitioner's place of employment is limited as follows: \_\_\_\_\_.
- F. ☐ Respondent must continue all existing insurance coverage without changing coverage or beneficiaries.
- G. ☐ Temporary custody of the following child(ren) is granted to the Petitioner: \_\_\_\_\_.
- H. ☐ The prior custody order giving Petitioner/Respondent custody remains in effect.
- I. ☐ Neither party shall sell, give away, damage, destroy, hide or permit any other person to obtain legal rights in any property, whether real estate or personal property, owned or possessed by the parties together [or solely by the other party if the parties are married], except in the usual course of business or for the necessities of life.

4. ☐ It is further ordered at follows:

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

5. ☐ Respondent is ordered to bring to the hearing a statement of earnings from Respondent's employer or pay stubs for the past six months, or the most current federal and state income tax returns.

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

6. The \_\_\_\_\_ County Sheriff's department and the \_\_\_\_\_ and Tribal Police Department shall enforce the provisions of this Order for Protection and shall help the Petitioner execute and/or serve this Order, without charge. Peace officers licensed by the State of Minnesota and correction officers,

including, but not limited to, probation officers, court service officers, parole officers and employees of jails or correctional facilities may serve an Order for Protection. If the application for relief is brought in a county in which the Respondent is not present, the sheriff shall forward the pleadings necessary for service upon the Respondent to the sheriff of the county in which the Respondent is present. This must be expedited to allow for timely service. **Every police department and sheriff's office in Minnesota is responsible for enforcing this order.** Enforcement of this order may include assisting in obtaining physical custody of child(ren), removing respondent from the residence, and getting property back from the Respondent.

7. ☐ As required by law, a copy of the Petition and this Order shall be forwarded to the Child Protection Agency of County for an assessment of the allegation of child abuse.

8. ☐ A Guardian ad Litem shall be appointed to represent the following minor child(ren): \_\_\_\_\_

#### Notice to Respondent

- A police officer shall arrest you and take you to jail if the police officer believes you have violated this Order and shall hold you in jail for at least 36 hours excluding the day of arrest, Sundays, and holidays, unless you are released by a judge or judicial officer.
- Violations of this Order may be treated at a misdemeanor, or felony. A misdemeanor violation may result in a sentence of up to 90 days in jail and/or a fine of up to \$1,000. Some repeated violations are gross misdemeanors which may result in a sentence of up to one year in jail and/or a fine up to \$3,000. Other violations are felonies and may result in a sentence of imprisonment for up to five years and/or a fine of up to \$10,000.
- The Violation Against Women Act (13 U.S.C. 2265) makes this Order enforceable in all 50 states, Washington D.C., Tribal lands, and U.S. territories. A violation of this Order may result in federal charges and punishment.
- You must comply with the Violent Crime Control and Law Enforcement Act of 1994, 18 U.S.C. § 922 (g)(3), concerning the shipping, transporting, possession, or receiving of firearms and ammunition.

#### Notice to Both Parties:

If a hearing is scheduled, be prepared on the scheduled date. You may be asked to testify at that time or depending on the Court's calendar the hearing may be rescheduled. You should bring any available documentation, such as police reports, hospital and doctor reports, pictures, witnesses or other items.

NOTE: Notify the Court administrator right away if an attorney will be with you at the hearing. You may not be able to use written reports, affidavits, or statements from persons who are not at the hearing as witness.

NOTE: If an Order for Protection is issued, the Court must consider the Order in making a decision in any visitation proceeding, if requested by Petitioner.

☐ This Order will be effective for a period of seven days from the date of this order.

☐ This Order will be effective for a period of \_\_\_\_\_ from the date of this order, or until modified or vacated at hearing.

Dated: \_\_\_\_\_

White Earth Tribal Court  
P.O. Box 418  
White Earth, MN 56591  
Tel: (218) 983-3285  
Fax: (218) 983-3294

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Distribution

|       |                                                                                                        |       |                                  |
|-------|--------------------------------------------------------------------------------------------------------|-------|----------------------------------|
| _____ | Certified copy of original - Return to Court Administrator with Affidavit of Personal Service attached | _____ | Copy for Respondent              |
| _____ | Copy of Petitioner(s)                                                                                  | _____ | Copy for local police department |
| _____ | Copy for file until original                                                                           | _____ | Copy for Tribal police           |
| _____ | Copy for Sheriff                                                                                       | _____ | Other: _____                     |
| _____ | Dissolution                                                                                            |       |                                  |

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## Petitioner's Information Sheet

The following information will assist the Court in completing the processing of your case. Please complete and bring this document to the court administration office at the time you bring your Petition and other documents.

Check off all sections that apply to you:

- ☐ I want my address to remain secret and not be part of the public file.

My address is: \_\_\_\_\_

- ☐ The respondent lives in the same building as I do.

- ☐ The respondent and I work for the same employer. ☐ Yes ☐ No

If yes, answer following:

1. Do you have the same supervisor as the respondent does?

☐ Yes, and our supervisor's name is \_\_\_\_\_  
☐ No

2. Do you work in the same building or department as the respondent does?

☐ Yes, and the name of the building is \_\_\_\_\_  
☐ Yes, and the name of the department is \_\_\_\_\_  
☐ No

3. The respondent and I work the same hours: \_\_\_\_\_

- ☐ The respondent and I attend the same school: \_\_\_\_\_

- ☐ I want my phone number to remain secret and not be part of the public file.

My phone number is: (\_\_\_\_) \_\_\_\_\_.

When the order has been signed:

- ☐ Please call me at the above number and I will return to pick up my copy of the order.  
☐ I will pick up my copy of the Order at a Women's Shelter or advocacy program.  
☐ I will pick up my copy of the Order at the sheriff's department.  
☐ Please FAX my copy to me at: (\_\_\_\_) \_\_\_\_\_.  
☐ Please mail my copy to me at: \_\_\_\_\_.

- ☐ I will wait at the Courthouse until the order is ready. I understand that it may be several hours before a decision is made and either I receive my copy of the OFP or my petition is denied.

- ☐ If more information is needed or the order is not approved, please call me at the number shown above.

DATED: \_\_\_\_\_

\_\_\_\_\_  
**Signature of Petitioner**