

PETITIONER'S INTAKE FORM: ORDER OF PROTECTION (ILLINOIS)

Rincker Law, PLLC

I. PETITIONER INFORMATION

Your Information

Full legal name	
Former name(s)	
Date of Birth	
Social Security Number	
Phone Number	
Address	
Email Address	
Driver's License Number	

Is the above address an alternate address because disclosure of Petitioner's actual address would risk further abuse? Yes No

Is it okay to send mail to this address? Yes No

If not, please provide an alternate mailing address _____

Your Vehicle(s):

Make	Model	Year	Color	License Plate

Your Employment Information:

Employer	Address	Occupation	Title	Work Hours

II. RESPONDENT INFORMATION

What is the name of the person you wish to obtain an Order of Protection against?

Is this person known or has been formally known as any other names? Y or N

What is your relationship with this person? Spouse Boyfriend/Girlfriend Relative Other (please explain): _____

Do you know if he/she has hired an attorney? Yes No

If yes, please provide the attorney's name and address (if known) _____

Do you and Respondent share a residence? Yes No

Respondent's Home Address: _____

Respondent's Identification Data:

Age	
Date of Birth	
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female
Social Security Number	
Race	
Weight	

Height	
Hair Color	
Eye Color	
Distinguishing Features (scars, marks, tattoos, etc.)	
Glasses	
Drivers Licensed Number	

Respondent's Vehicle(s):

Make	Model	Year	Color	License Plate

Respondent's Employment Information:

Employer	Address	Occupation	Title	Work Hours

III. BACKGROUND INFORMATION

Has there ever been an Order of Protection in any state and county naming you as the Petitioner or Respondent? Yes No

If yes, please provide the following information for each Order of Protection:

Name of Petitioner	Name of Respondent	State/County	Case #	Date of Expiration

Have there now, or have there ever been, any civil, criminal, or divorce proceedings involving you and the Respondent? Yes No None Known.

If **yes**, please list all pending cases below.

Type of Case	State/County	Result	Case #	Date

Please provide a brief description as to why you want an Order of Protection. Include the relevant history of abuse, the effect the abuse had on you, and the date and place that each incident occurred.

IV. RELIEF SOUGHT

Do you want the Respondent to be prohibited from entering or remaining while you and/or protected person(s) are present at (Check all that apply):

your residence currently located at: _____

your place of employment at: _____

your school, located at: _____

any of the following specified places, when you and protected person(s) are present: _____

Do you live with the person you are filing an Order of Protection against? Yes No

V. REMEDIES INVOLVING CHILDREN

Do you and respondent share children? Yes No (If no, please skip this section).

List the full name, age, and the state of residence of all children whose custody and/or visitation may be affected by the issuance of an Order of Protection against the Respondent.

Full Name	Date of Birth (mm/dd/yy)	State	Relationship to Petitioner

Do you wish for any of the above named child (ren) to be included in the Order of Protection?

Yes No

Who is the primary caretaker of the child (ren)? Petitioner Respondent Other Person:

Do you want the physical care and possession of the child (ren) to be granted to you?

Yes No

Please describe your proposed visitation schedule:

Do you wish to communicate with the other parent about the children? If yes, via:

Text messages emails co-parenting applications phone calls

FIREARMS

Check that applies. The other person: possesses a firearm has a history of violence has a history of possession/use of firearms is, or has been known to be suicidal.

If known, describe each of the Respondent’s firearms:

Description	Location

VI. MISCELLANEOUS REMEDIES

Is there anything else you would like to ask the court for? _____
