## IN THE PASCUA YAQUI TRIBAL COURT

## IN AND FOR THE PASCUA YAQUI INDIAN RESERVATION, ARIZONA

Name				
Name:	Petition for Order of Protection			
D /DL				
Petitioner/Plaintiff				
Vs				
Name:	COURT USE ONLY			
Respondent/Defendant	Case no :			
Petitioner's information				
Full name Address, City, State Zip Code & Phone Number Date of Birth				
( ) I request that my address not be given to the Respondent or added to the Order (Attach a separate sheet)				
( ) I am the home owner				
I ( ) do reside ( ) do not reside within exterior boundaries Pascua Yaqui Indian Reservation				
I am a ( ) member of the Pascua Yaqui Tribe ( ) Non-member ( ) Member of another tribe				
and / or on behalf of minor children (list names and DOB)				
·	<u> </u>			
<u>·                                      </u>				
Respondent's information				
Full name Address. C	ity State 7in Code 9 Dhone Number			
ruii name Address, C	ity, State, Zip Code & Phone Number			
Alternate address where respondent can be served				
The Respondent ( ) does resides ( ) does not reside	within Pascua Yaqui Indian Reservation			
The Respondent is a member of ( ) Pascua Yaqui Tribe ( ) Non-member ( ) Member of another tribe				
SEX RACE DOB HT WT	Distinguishing Features (tattoos, moles, etc)			
EYES HAIR	Alias			
- 1				
( ) If checked, there is a pending action involving dissi	olution of marriage, legal separation, maternity, paternity			

Plaintiff/Respondent relations  ( ) family (i.e. mother, brothe		•	( ) Live together now or lived together in the past
( ) family (i.e. mother, brothe	i, dauginer, son)	( ) other	
The following act or several a	acts of domestic viole	ence occurred (i	nclude specific incidents with dates and times)
I further request that the resp	ondent		
() Not to threaten or commit	further acts of dome	estic violence ag	ainst me or cause physical harm or bodily
injury			
•	•		communicate with petitioner, and others to be
protected under this petition,	,	•	
() Respondent immediately I			
() Stay away from my childre	n (names & DOB)		
( ) Stay away from school(s)	Name address site state	ein aada	
( ) Place of employment	Name address city state	zip code	
() Not possess or use any fir	earm or other weapo	on specifically _	
I respectfully request that the	Court grant the Orde	er of Protection	because
( ) I fear for my safety	( ) I fear for the safe	ety of my child (	ren)
	Dated this	day of	,
		Petitio	oner
SUBSCRIBED AND SWORN	NTO before me this _	da <sub>'</sub>	y of,
		 Notar	у