

APPLICATION FOR RELIEF FROM ABUSE

JD-FM-137 Rev. 10-21
C.G.S. §§ 29-28, 29-32, 29-33, 46b-15, 52-231a, 46b-38a, 46b-38c; P.A. 21-78

COURT USE ONLY
APRFA


STATE OF CONNECTICUT
SUPERIOR COURT
www.jud.ct.gov



For information on ADA accommodations, contact a court clerk or go to: www.jud.ct.gov/ADA.

Judicial District of	Court location (number, street, town, zip code)	Docket number		
Your name (Applicant) (Last, first, middle initial)	Date of birth (mm/dd/yyyy)	Sex (M/F)	Race	
Your mailing address (Number, street)* (See Note below)	Town	State	Zip Code	
Your home/residence address* (See Note below) <input type="checkbox"/> Same as mailing address	Town	State	Zip Code	
Your work address* (See Note below)	Town	State	Zip Code	

***Note: Any addresses you provide will be included in the court file and will be provided to the Respondent. These addresses will also tell the court which law enforcement agencies must be notified if the court issues a restraining order. If you believe that giving out your home, work, or school address would put you and/or your children's health, safety or liberty in danger, you may use a mailing address that is different from your home or work address, including the address for the Safe at Home address confidentiality program, if applicable, but it is important to note that doing so may limit which law enforcement agencies receive notice of the order. You may also file a Request for Nondisclosure of Location Information form JD-FM-188 (which requires a mailing address) with the Clerk's Office.**

Information About the Respondent (Person the application is filed against)			
Respondent's name (Last, first, middle initial)	Date of birth (mm/dd/yyyy)	Sex (M/F)	Race
Respondent's address (Number, street)	(Town)	(State)	(Zip Code)
Respondent's telephone number	Other identifiers (Examples include height, weight and approximate age)		
Respondent is (select all that apply)			
<input type="checkbox"/> My spouse or a person I have a civil union with <input type="checkbox"/> If you are seeking additional orders of maintenance, check here (If you check this box, you must complete JD-FM-233, Request for Orders of Maintenance and submit it as part of your application)	<input type="checkbox"/> A person who is also the parent of my dependent child or children in common and we all live together. <input type="checkbox"/> If you are seeking additional orders of maintenance, check here (If you check this box, you must complete JD-FM-233, Request for Orders of Maintenance and submit it as part of your application)		
<input type="checkbox"/> Someone I have cohabited with as an intimate partner (romantic, spousal, or sexual relationship while living together)	<input type="checkbox"/> A person related to me by blood or marriage		
<input type="checkbox"/> Parent of my child	<input type="checkbox"/> A person I reside or resided with		
<input type="checkbox"/> My parent	<input type="checkbox"/> A caretaker who is providing shelter in his or her residence to a person 60 years of age or older		
<input type="checkbox"/> My child	<input type="checkbox"/> A person I have (or recently had) a dating relationship with		

Select here if you know about any other Protective Order or Restraining Order that exists involving you or the Respondent. (Give the docket number and court location, if known)

Docket number	Court location
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Select here if a dissolution of marriage (divorce), dissolution of civil union, custody or visitation action exists involving you and the Respondent. (Give the docket number and court location, if known)

Docket number	Court location
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Optional to Applicant (If you choose to answer, select the appropriate boxes below)

1. Does the Respondent hold a permit to carry a pistol or revolver? Yes No Unknown

2. Does the Respondent hold an eligibility certificate for a pistol or revolver, a long gun eligibility certificate, or an ammunition certificate? Yes No Unknown

3. Does the Respondent possess one or more firearms? Yes No Unknown

4. Does the Respondent possess ammunition? Yes No Unknown

If you think you need more security when you are in court for your relief from abuse hearing, contact the Clerk's Office or the Court Service Center in the court where your hearing is scheduled.

Applicant's name	Respondent's name	Docket number
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Application for Relief From Abuse

I have been subjected to a continuous threat of present physical pain or physical injury, stalking, a pattern of threatening, and/or coercive control by the Respondent named above as explained more fully in my attached Affidavit.

1. I ask that the court order the following conditions: *(select all that apply)*

- CT01 The Respondent not assault, threaten, abuse, harass, follow, interfere with, or stalk me. (CT01)
- CT03 The Respondent stay away from my home or wherever I shall reside. (CT03)
- CT05 The Respondent not contact me in any manner, including by written, electronic or telephone contact, and not contact my home, workplace or others with whom the contact would be likely to cause annoyance or alarm to me. (CT05)
- CT14 The Respondent may return to the home one time with police to retrieve belongings. (CT14)
- CT15 If I have moved out of the home of the Respondent, the Respondent shall permit me to return to the Respondent's home on one occasion, with police, to retrieve my belongings. (CT15)
- CT16 The Respondent stay 100 yards away from me. (CT16)
- CT19 That the order protect my minor children. (CT19)

#	Name <i>(Last, first, middle initial)</i>	Sex <i>(M/F)</i>	Date of birth <i>(mm/dd/yyyy)</i>
1			
2			
3			

#	Name <i>(Last, first, middle initial)</i>	Sex <i>(M/F)</i>	Date of birth <i>(mm/dd/yyyy)</i>
4			
5			
6			

CT31 That the order protect animals owned or kept by me. (CT31)

2. I ask that the court make the following temporary child custody and visitation orders:

CT20 Award me temporary custody of the following minor child(ren) who is (are) also the child(ren) of the Respondent.

#	Name <i>(Last, first, middle initial)</i>	Sex <i>(M/F)</i>	Date of birth <i>(mm/dd/yyyy)</i>
1			
2			
3			

#	Name <i>(Last, first, middle initial)</i>	Sex <i>(M/F)</i>	Date of birth <i>(mm/dd/yyyy)</i>
4			
5			
6			

CT21 With visitation as follows:

CT22 Without visitation rights to the Respondent.

3. I ask that the court order the following: (further order)

4. I am in school and I ask that a copy of the restraining order, if it is granted, be sent to my school

Name of school		Fax number of school		
Address of school <i>(Number, street)</i>		Town	State	Zip Code

5. My minor child or children for whom I am also asking for protection is/are in school and I ask that a copy of the restraining order, if it is granted, be sent to my child's or children's school (attach additional sheets if necessary).

Name of school		Fax number of school		
Address of school <i>(Number, street)</i>		Town	State	Zip Code

Request For Ex Parte (Immediate) Relief *(Select if this applies)*

6. I ask that the court order Ex Parte (immediate) relief because I believe there is an immediate and present physical danger to me and/or my minor children and/or animals owned or kept by me.

I certify that the statements above are true to the best of my knowledge and belief.	Signature	Print name of person signing
Subscribed and sworn to before me <i>(Assistant Clerk, Commissioner of Superior Court, Notary Public)</i>		Date signed