

IN THE SOUTHERN UTE INDIAN TRIBAL COURT ON THE SOUTHERN UTE INDIAN RESERVATION, COLORADO 149 CR 517; PO Box 737 Ignacio, CO 81137 (970) 563-0240		
Plaintiff/Petitioner: _____ Date of Birth: _____ v. Defendant/Respondent: _____ Date of Birth: _____		▲ COURT USE ONLY ▲
Attorney or Party Without Attorney (Name and Address): _____ Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____		
		Case Number: _____
VERIFIED COMPLAINT FOR PROTECTION ORDER		

I, _____ (Name of Party) respectfully request this Court issue a Protection Order, and in support of this request, the following is stated:

1. I am seeking this Civil Protection Order because of a threat of imminent danger to the life or health of myself and/or _____
(Please complete an affidavit regarding incident(s) that have led to action being filed).

2. I reside within do not reside within the exterior boundaries of the Southern Ute Indian Reservation.

3. Mr./Ms. _____ resides within does not reside within the exterior boundaries of the Southern Ute Indian Reservation or is employed in the County of _____, State of _____ I know Mr./Ms. because _____

4. I am I am not an enrolled member of _____ Indian Tribe, a federally recognized Indian Tribe. My census number is: _____ To the best of my knowledge, Mr./Ms. _____ is is not an enrolled member of _____ Indian Tribe, a federally recognized Indian Tribe.

5. The other protected parties are: (List full name, date of birth, sex, and race. **(Do not complete this section if the party is over 18 years of age or you are not their legal guardian)**)

Full Name of Protected Party	Date of Birth	Sex	Race

6. Are you aware of any other protection orders currently in effect against you or the other party? Yes No. If yes, please list all relevant information:

COURT	STATE	DATE OF ORDER

7. I request that I be permitted to omit my address from this Verified Complaint for Protection Order, because I fear that including my address will endanger me and/or the other Protected Parties.

8. I request the following relief from the Court that Mr./Ms. _____

- a) Be excluded from my home at (address): **If you check section 7, DO NOT provide your address.** _____

- b) Be ordered to stay at least _____ yards from the following places. (address or description)
 Home _____ Address: _____
 Work: Name: _____ Address: _____
 School Name: _____ Address: _____
 Other: Name: _____ Address _____

- c) Be ordered to have no contact with the minor children listed above and that I be awarded temporary care and control and interim decision making responsibility for the children.

or

That I be awarded temporary care and control of the children listed above and that the other party be given parenting time with the children and interim decision making responsibility as follows: **Be specific.** _____

d) Other: _____

9. I am requesting an emergency hearing.

I swear or affirm under penalty of perjury that the information contained in this Verified Complaint for Protection Order is true and correct. I understand that if a Protection Order is issued it **CANNOT** be modified or dismissed by me or the other party without permission from the Court.

Print Name of Attorney Filing Petition

 Plaintiff/Petitioner

Defendant/Respondent

Attorney Signature

This may serve as your Entry of Appearance

STOP: IF YOU CHECK BOX NUMBER 7, DO NOT FILL IN YOUR ADDRESS AND TELEPHONE

Address

Telephone Number

SUBSCRIBED AND AFFIRMED, or **SWORN** to before me this _____ day of _____, 20_____.

Notary/Clerk of Court

My commission expires: _____

(seal)