APPLICATION FOR RELIEF FROM ABUSE
JD-FM-137 Rev. 1-15
C.G.S. §§ 29-28, 29-32, 29-33, 46b-15, 52-231a, P.A. 14-217 § 120

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

ADA NOTICE
The Judicial Branch of the State of Connecticut complies with the Americans with Disabilities Act (ADA). If you need a reasonable accommodation in accordance with the ADA, contact a court clerk or an ADA contact person listed at *www.jud.ct.gov/ADA*.

Instructions To Person Filing Application *(Applicant)*
1. *Use a typewriter, print clearly in ink, or fill out on-line. You must also fill out an Affidavit, form JD-FM-138. Give both forms to the Clerk of Court.*
2. *After your Application and Affidavit are processed, the clerk will give you the proper papers to have served on the Respondent.*
3. *Make sure the originals are returned to court after service.*

Instructions To Clerk
1. *If Ex Parte relief is ordered, prepare the following forms: Order of Protection, form JD-CL-99, and if applicable, Additional Orders of Protection, form JD-CL-100; Order and Notice of Court Hearing, form JD-FM-140; General Restraining Order Notifications (Family), form JD-CL-104.*
2. *If Ex Parte relief is NOT ordered, prepare the following forms: Order and Notice of Court Hearing, form JD-FM-140; Information Concerning Firearms in Relief From Abuse Cases, form JD-CL-104A.*
3. *Provide the Applicant with the original and one copy of the Application and Affidavit. Retain copies of each for court file.*
4. *Provide the Applicant with the Procedures For Relief From Abuse Process brochure JDP-FM-142 for further information.*

Judicial District of	Court location *(number, street, town, zip code)*		Docket number
Name of applicant *(Last, first, middle initial)*	Date of birth *(mm/dd/yyyy)*	Sex *(M/F)*	Race
Address to which mail is to be sent *(Number, street)* (See **Note** below)*	*(Town)*	*(State)*	*(Zip Code)*
Home/residence address* *(See **Note** below)* ☐ Same as mailing address	*(Town)*	*(State)*	*(Zip Code)*
Work address* *(See **Note** below)*	*(Town)*	*(State)*	*(Zip Code)*

NOTE: The address or addresses you provide will be included on papers that are in the court file and will be provided to the respondent. The address or addresses you provide will also determine which law enforcement agencies are notified if a restraining order is issued. If you believe that giving out your home or 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. You can also file a Request for Nondisclosure of Location Information form (JD-FM-188) with the Clerk of Court. If you provide a mailing address that is different from your home address or work address, and you do not provide a home or work or school address, the protection you receive from the restraining order may be limited.

Information About The Respondent

Name of respondent *(Person the application is filed against) (Last, first, middle initial)*	Date of birth *(mm/dd/yyyy)*	Sex *(M/F)*	Race
Address of respondent *(Number, street)*	*(Town)*	*(State)*	*(Zip Code)*
Respondent's telephone number	Other identifiers *(Examples include height, weight and approximate age)*		

Respondent is *("X" all that apply)*

☐ My spouse or a person I have a civil union with
☐ 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)

☐ A person who is also the parent of my dependent child or children in common and we all live together.
☐ 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)

☐ Someone I have cohabited with as an intimate partner (romantic, spousal, or sexual relationship while living together)
☐ Parent of my child
☐ My parent
☐ My child

☐ A person related to me by blood or marriage
☐ A person I reside or resided with
☐ A caretaker who is providing shelter in his or her residence to a person 60 years of age or older
☐ A person I have (or recently had) a dating relationship with

☐ "X" here if a Protective Order or Restraining Order exists affecting any party to this Application (Enter docket number and court location)

Docket number	Court location

☐ "X" here if a dissolution of marriage (divorce), dissolution of civil union, custody or visitation action exists involving the same parties. *(Enter docket number and court location)*

Docket number	Court location

Print Form Reset Form

Name of applicant	Name of respondent	Docket number

Application For Relief From Abuse

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

☐ **1. I request that the court order the following conditions:** *("X" 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 the applicant has moved out of the home of the Respondent, the Respondent shall permit the Applicant to return to the Respondent's home on one occasion, with police, to retrieve the Applicant's belongings. (CT15)

CT16 ☐ The Respondent stay 100 yards away from me. (CT16)

CT19 ☐ That the order protect my minor children. (CT19)

	Name *(Last, first, middle initial)*	Sex *(M/F)*	Date of birth *(mm/dd/yyyy)*		Name *(Last, first, middle initial)*	Sex *(M/F)*	Date of birth *(mm/dd/yyyy)*
1				4			
2				5			
3				6			

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

☐ **2. I request 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 *(Last, first, middle initial)*	Sex *(M/F)*	Date of birth *(mm/dd/yyyy)*		Name *(Last, first, middle initial)*	Sex *(M/F)*	Date of birth *(mm/dd/yyyy)*
1				4			
2				5			
3				6			

CT21 ☐ With visitation as follows:

CT22 ☐ Without visitation rights to the Respondent.

☐ **3. I request that the court order the following: (further order)**

☐ **4. I am in school and I request 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 *(Number, street)*	*(Town)*	*(State)*	*(Zip code)*

Request For Ex Parte (Immediate) Relief ("X" if this applies)

☐ **5. I request 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 *(Assistant Clerk, Commissioner of Superior Court, Notary Public)*		Date signed

Optional to applicant *(If you choose to answer, "X" the appropriate boxes below)*

1. Does the respondent hold a permit to carry a pistol or revolver? ..... ☐ Yes ☐ No ☐ Unknown
2. Does the respondent possess one or more firearms? ..... ☐ Yes ☐ No ☐ Unknown
3. 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.