

STATE OF NORTH CAROLINA

File No.

In The General Court Of Justice
District Court Division

_____ County

Name Of Plaintiff (Person Filing Complaint)

VERSUS

Name And Address Of Defendant (Person Accused Of Abuse)

**COMPLAINT AND MOTION
FOR
DOMESTIC VIOLENCE
PROTECTIVE ORDER**

G.S. 50B-1, -2, -3, -4

(Check only boxes that apply and fill in blanks. Additional sheets may be attached.)

- 1. I live in _____ County, North Carolina.
- 2. The defendant and I are spouses. are former spouses.
 are persons of the opposite sex who are not married but live together or have lived together.
 have a child in common.
 are parent and child or grandparent and grandchild.
 are current or former household members.
 are persons who are in or have been in a dating relationship.
- 3. There is is not another court proceeding between the defendant and me pending in this or any other state. (List county, state, date, and what kind of proceeding, if applicable.)
- 4. The defendant has attempted to cause or has intentionally caused me bodily injury; or has placed me or a member of my family or household in fear of imminent serious bodily injury or in fear of continued harassment that rises to such a level as to inflict substantial emotional distress; or has committed a sexual offense against me in that: (Give specific dates and describe in detail what happened.)
- 5. The defendant has attempted to cause or has intentionally caused bodily injury to the child(ren) living with me or in my custody; has placed my child(ren) in fear of imminent serious bodily injury or in fear of continued harassment that rises to such a level as to inflict substantial emotional distress; or has committed a sexual offense against the child(ren) in that: (Give specific dates and describe in detail what happened.)
- 6. I believe there is danger of serious and immediate injury to me or my child(ren).
- 7. (Check this block if you ask for temporary child custody.) The defendant and I are the parents of the following child(ren) under the age of eighteen.

A COPY OF "AFFIDAVIT AS TO STATUS OF MINOR CHILD" (AOC-CV-609) MUST BE ATTACHED FOR EACH CHILD.

Name	Sex	Date Of Birth	Name	Sex	Date Of Birth

(Over)

8. (Fill in the block if you are asking for temporary child custody) The minor child(ren) listed in No 7. above is exposed to a substantial risk of physical or emotional injury or sexual abuse in that: (Describe in detail what happened that created a risk of physical or emotional injury or sexual abuse.)
9. The defendant has firearms and ammunition as described below, has a permit to purchase a firearm, and has a permit to carry a concealed weapon. (Describe all firearms, ammunition, gun permits and give identifying number(s) if known, and indicate where defendant keeps firearms and gun permits.)
10. The defendant has used or threatened to use a deadly weapon against me or minor child(ren) in my custody or has a pattern of prior conduct involving the use or threatened use of violence with a firearm against any persons in that (Give specific dates and describe in detail what happened.)
11. The defendant has made threats to commit suicide in that (Give specific dates and describe in detail what happened.)

Because Of The Acts Of Domestic Violence By The Defendant, I Am Requesting That The Court Give Me The Following Relief:

(Check only boxes that apply.)

1. I want emergency relief.
2. Since there is a danger of acts of domestic violence against me or my child(ren), I want an Ex Parte Order before notice of a hearing is given to the defendant.
3. I want the Court to order the defendant not to assault, threaten, abuse, follow, harass or interfere with me and my child(ren).
- 3a. I want the defendant ordered not to cruelly treat or abuse an animal owned, possessed, kept, or held as a pet by either party or minor child residing in the household.
4. I want possession of our residence at the address listed below, and I want the defendant to move from and not return to the residence.
- Address Of Residence
5. I want the Court to order the eviction of the defendant from the residence listed above and I want assistance in returning to the residence.
6. I want possession of the personal property such as clothing and household goods in the residence listed above except for the defendant's personal clothing, toiletries and tools of trade.
- 6a. I want the care, custody, and control of any animal owned, possessed, kept, or held as a pet by either party or minor child residing in the household granted to me.

Name Of Defendant

- 7. I want the defendant to be ordered not to come on or about:
 - (a) my residence.
 - (b) any place where I am receiving temporary shelter.
 - (c) the place where I work.
 - (d) any school(s) the child(ren) attend.
 - (e) the place where the child(ren) receives day care.
 - (f) the place where I go to school.
 - (g) Other: (name other places)

The child(ren) currently attend: (name school)

- 8. I want the defendant to be ordered to have no contact with me.
- 9. I want possession and use of the following vehicle:

Describe Vehicle

- 10. I want temporary custody of our minor child(ren) listed in this Complaint. I understand that I must file a separate child custody action for permanent custody.
- 11. I want the defendant to be ordered to make payments for the support of our minor child(ren), as required by law, but I understand it is only temporary and that I must file a separate child support action for regular, permanent child support.
- 12. I want the Court to prohibit the defendant from possessing or purchasing a firearm.
- 13. I want the Court to order the defendant to surrender to the sheriff his/her firearms, ammunition, and gun permits to purchase a firearm and carry a concealed weapon.
- 14. I want the defendant to be ordered to attend an abuser treatment program.
- 15. I want the defendant to be ordered to provide me and the child(ren) suitable alternative housing.
- 16. I want the defendant to be ordered to make payments for my support as required by law, but I understand it is only temporary and that I must file a separate action for regular permanent spousal support.
- 17. Other: (specify)

Date

Signature Of Plaintiff (Person Filing Complaint)