

**WIND RIVER TRIBAL COURT
FORT WASHAKIE, WY**

Petitioner (Person Seeking Protection Order),)	Case No. _____
)	
vs.)	SWORN AFFIDAVIT AND
)	PETITION FOR DOMESTIC
Respondent (Person You Want Restrained),)	PROTECTION ORDER
)	

NOTICE

Pursuant to the Shoshone and Arapaho Tribal Law and Order Code Chapter 1, Section 9-1-2, Temporary Order of Protection, Setting Hearing, A Temporary Restraining Order may be granted without written or oral notice to the adverse party or his advocate only if:

(1) If it clearly appears from specific facts shown by the Affidavit, or by the verified complaint that immediate and irreparable injury, loss, or damage will result to the applicant before the adverse party or his advocate can be heard in opposition.

Warning: Any false accusations, allegations, or information provided in this affidavit may be used against the petitioner or other person filing on petitioner's behalf, and may result in the prosecution of such person for perjury, slander/liable offenses.

STATE OF WYOMING)
WIND RIVER INDIAN) ss.
RESERVATION) or)
COUNTY OF _____)

I, _____, after being duly sworn on this the _____ day of _____, hereby depose and state the following:

1. **Protected Person(s).** I am seeking a domestic protection order for each of the following:
 - () Myself
 - () The following minor child/ren who is/are a family or household member (list first and last names and ages for each child): _____

My relationship to the child/ren is:

Custodial Parent

Non-Custodial Parent

Guardian

Other family or household member (explain) _____

The following family or household member on behalf of the following person(s) who are prevented from filing on their own behalf due to hospitalization, physical or mental disability or fear (list first and last names): _____

I am Adult Protection Services filing on behalf of the victim.

2. Tribal Affiliation

I am an enrolled member of the _____ Tribe.

I am not enrolled with any federally recognized Tribe.

The Respondent is an enrolled member of the _____ Tribe.

3. Relationships. Please check all that apply to the relationship between the Respondent (person you want restrained) and you or, if you are filing for a minor, the relationship between the Respondent and the minor.

Are Married.

Used to be married. State and County where divorced _____

Are related by blood, marriage or adoption. How? _____

Live together.

Used to live together. Last date lived together _____

Are dating.

Used to have a dating relationship. Date relationship ended _____

Have a child together.

If a dating relationship, please describe: (complete for adult or minor in a dating relationship):

Nature of Relationship _____

Length of time of the dating relationship _____

How often saw each other _____

Time since the relationship ended _____

4. Residence.

- () I live or am staying in (city and state)_____. The Respondent lives (city and state)_____.
- () The Respondent does not live with me.
- () I live with the Respondent at_____ Our home is rented or owned ()by both of us ()by me ()by the Respondent.
- () I have left the residence where I live with the Respondent. I want to return ()yes ()no If yes, ()to live ()to get personal belongings ()Other_____
- () A business is run from the home. Type of business is run ()by me ()by the Respondent ()by both of us.

5. Vehicle.

- () I own the following vehicle: yr._____ make_____ model_____ License no._____ state_____
- () The vehicle is registered to: ()both of us ()me ()the Respondent.

6. Child/ren affected by the protection order

I am the natural/adoptive parent or legal guardian of the following child/ren:

Name (First, Middle Initial, Last)	Birth Date	Sex	How Child is Related to the		Where child has lived in the last 6 months
			Petitioner	Respondent	

During the last six (6) months the child/ren have lived with_____

7. Other Court cases. List any other court cases relating to the minor child/ren who will be affected by this protection order (divorce, child protection, guardianship, adoption, other, etc.)_____

() I have applied for a protection order(s) before in (county, city, state)_____ on (date)_____, against(name)_____

() The Respondent has applied for a protection order(s) before in (county, city, state)____
_____, against (name)_____

() The Respondent has been involved in crimes involving violence, child abuse,
weapons, drugs or alcohol. (if checked, please describe what the charges were, when and
where they were filed and convictions)_____

() I have been involved in crimes involving violence, child abuse, weapons, drugs or
alcohol. (if checked, please describe what the charges were, when and where they were filed
and convictions)_____

8. Information about the abuse

You are informed that the Shoshone and Arapaho Tribes Domestic Abuse Act provides that
"Domestic Abuse" means any assault, battery, coercion, emotional abuse, exploitation,
intimidation, rape, sexual abuse, sexual exploitation, threatening, unreasonable
confinement or cruelty, and any other conduct that constitutes a criminal offense or a
tort under the laws of the Shoshone and Arapaho Tribes.

**A. Please describe the most recent acts or threats of domestic abuse committed by
the Respondent against you or the minor child/ren.**

When? (date and time)_____

Where? (address or general location)_____

Who was present? (minor children, friends, family etc.)_____

Myself and my grandchildren

Was a weapon involved? () No () Yes How?_____

Describe any injuries:_____

Were alcohol and/or drugs involved? () No () Yes How?_____

Describe what happened:_____

Do not write on the back of this sheet. Include a separate sheet if you need more room.

B. Please describe past acts of threats of domestic abuse:

Do not write on the back of this page. Include a separate sheet if you need more room.

9. I request that the Court order the following:

A. **Personal Conduct Order.**

The Respondent shall not contact, molest, attack, strike, threaten, sexually assault, batter, telephone, follow, harass or otherwise disturb the peace of the () Petitioner () minor on whose behalf the petition is brought () minor child/ren residing in the Petitioner's household.

B. **Stay Away Order.** The Respondent shall at all times stay away from:

() My residence at _____
() No address is given because I do not want my address on this petition.

() Protected Minor's residence at: _____

() My workplace and/or school at: _____

() Protected Minor's workplace and/or school at: _____

() My child/ren's school and/or childcare at: _____

() Other: _____

C. () **Move-out Order.** The Respondent shall move from the residence at _____

and take from the dwelling only items needed for employment and necessary personal effects (*at police officer's discretion*).

D. () **Child Custody.** Temporary custody of the minor child/ren names in Section 6 above be awarded to: () me () Respondent The other parent should have:

() Visitation as follows (*list specific days and times*) _____

() Neutral drop off and pick up location at _____

() Transportation provided by _____

() Supervised visitation, why and supervised by whom _____

() No visitation.

E. () **Treatment/Counseling.** That the Respondent be ordered to participate in treatment or counseling services for (*purpose*) _____

F. () Other relief requested: _____

I SWEAR OR AFFIRM I HAVE READ THIS SWORN AFFIDAVIT AND PETITION FOR A DOMESTIC PROTECTION ORDER, OR HAVE HAD IT READ TO ME, AND THE FACTS STATED HEREIN ARE TRUE.

Date: _____

Signed: _____
Petitioner

Subscribed and sworn before me this _____ day of _____, 20__.

(If Notary):

Judge/Court Clerk/Notary Public
Residing at: _____
My Commission Expires: _____