

**WIND RIVER TRIBAL COURT  
SHOSHONE AND ARAPHOE TRIBES  
WIND RIVER INDIAN RESERVATION  
P.O. BOX 608  
FT. WASHAKIE, WY 82514  
PHONE: (307) 332 6702 FAX: (307) 332-7587**

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**INSTRUCTIONS FOR FILING A DOMESTIC VIOLENCE PROTECTION ORDER**

1. If you are the victim of **DOMESTIC VIOLENCE** and you would like to petition the court for a Protection Order you need to fill out the packet and contact sheet **COMPLETELY**. Do not sign the Petition unless you are in front of a Notary or a Clerk at this Court.
2. There is no filing fee for a Protection Order.
3. The court has the authority to enter an “Ex-Parte” or Temporary Protection Order if it appears from the specific facts shown in your petition that you are at risk for immediate violence from the Respondent so be very specific in your Petition.
4. If there are police reports of violence against you that you would like to file with your petition please attach them to your petition.
5. **A PHYSICAL ADDRESS MUST BE INCLUDED FOR THE RESPONDENT** so the court can personally serve a copy of the Petition and the Notice of Hearing on them. The Protection Order is in effect once it is issued but the respondent cannot be charged with a criminal violation until it has been served upon the Respondent so please include as much information as you can so the court can locate the Respondent quickly.
6. A hearing shall be scheduled as soon as possible at which time the court will determine if there is enough evidence to warrant a permanent Protection Order being issued.
7. The court has the authority to enter a Protection Order which will be valid for one (1) year, and can be extended upon request by the Petitioner.
8. It is your responsibility to keep track of when that order expires and notify the court at least 1 month in advance if you would like to extend the order so the court can schedule another hearing and notify the Respondent.
9. If you would like assistance in navigation of the legal system you can contact the Wyoming Coalition Against Domestic Violence and Sexual Assault at (307) 349-8363 or the Fremont County Alliance Against Domestic Violence and Sexual Assault at (307) 856-0942 (Riverton) or (307) 332-7215 (Lander), or Red Paint Alliance at (307) 349-9813, or Eastern Shoshone Victim Services at (307) 335-2050

10. If a hearing is scheduled and you do not appear, your petition will be dismissed. If you are unable to appear you need to notify the court and ask for a continuance at least five (5) days prior to the scheduled hearing unless there is a last minute emergency, your request must be in writing.
  
11. If at any time prior to the initial court hearing, you would like to have the Petition for Protection Order Dismissed, you must file a request in writing to the court asking the Order be dismissed. The court will not accept the request by telephone. Once a Protection Order has been issued it cannot be dismissed without a hearing.

**WIND RIVER TRIBAL COURT  
SHOSHONE & ARAPAHO TRIBES  
WIND RIVER INDIAN RESERVATION  
FORT WASHAKIE, WYOMING**

\_\_\_\_\_  
*PETITIONER (PERSON SEEKING PROTECTION ORDER)*

vs.

\_\_\_\_\_  
*RESPONDENT (PERSON YOU WANT RESTRAINED)*

)  
)  
) **SWORN AFFIDAVIT AND  
PETITION FOR DOMESTIC  
PROTECTION ORDER**  
)  
)  
)

) Case No.: \_\_\_\_\_  
)

**NOTICE**

Pursuant to the Shoshone and Arapahoe 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 their 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** )  
**WINDER RIVER INDIAN** )  
**RESERVATION** or )  
)  
**COUNTY OF** \_\_\_\_\_)

I, \_\_\_\_\_, after being dully sworn on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, 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 the 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.
- Use to be married. State and Country where divorced \_\_\_\_\_
- Are related by blood, marriage or adoption. How? \_\_\_\_\_
- Live together.
- Use to live together. Last date lived together \_\_\_\_\_
- Are dating.
- Use to have a dating relationship. Date relationship ended \_\_\_\_\_
- Have a child together.

**If a dating relationship, please describe:** (complete for adult of 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 the child is Related to the Petitioner	Respondent	Where child has lived in the last 6 months

During 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.) \_\_\_\_\_

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 room

9. I request 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 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 survived by whom \_\_\_\_\_

\_\_\_\_\_



\_\_\_\_\_

[ ] No visitation.

E. [ ] **Treatment/Counseling**. That the Respondent be ordered to participate in treatment of counseling service 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: \_\_\_\_\_

**BELOW MUST BE COMPLETED BY PETITIONER**

**Respondent Information:**

**Physical Address:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Height:** \_\_\_\_\_ **Eye Color:** \_\_\_\_\_ **Hair Color:** \_\_\_\_\_

Scars/Marks/Tattoos: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employment: \_\_\_\_\_

Other: \_\_\_\_\_  
\_\_\_\_\_

**CONTACT INFORMATION SHEET**

CASE NO. \_\_\_\_\_

I AM THE (CHECK ONE)                       Plaintiff/Petitioner     Defendant/Respondent

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Alternate telephone number were a message can be left: \_\_\_\_\_

Place of employment: \_\_\_\_\_

Other Parties Involved (CHECK ONE)       Plaintiff/Petitioner       Defendant/Respondent

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Alternate telephone number were a message can be left: \_\_\_\_\_

Place of employment: \_\_\_\_\_