

CASE NO. DC-TRO _____

PETITIONER(S): (party filing)

RESPONDENT(S): (party filing against)

Name(s):

Name(s):

Home & Mailing Address(s):

Home & Mailing Address(s):

Employment Name & Address(s):

Employment Name & Address(s):

Telephone Numbers (Home & Bus):

Telephone Numbers (Home & Bus):

(H) _____

(H) _____

(B) _____

(B) _____

Date of Birth & SSN:

Date of Birth & SSN:

DOB: _____

DOB: _____

SSN: _____

SSN: _____

Child(ren) - Names(s) & Age(s):

Address where Respondent can be easily served time & location:

**INTERPRETER NEEDED FOR
PETITIONER:**

YES

NO

SPECIFIC DIALECT

I acknowledge & understand, that there is a Non-Refundable Filing Fee of \$15.00 due, whether TRO Granted or Denied:

(Initials)

****Relationship to Respondent:** _____

(How do you know Respondent, what is the relationship, etc.....**DO NOT WRITE "NONE"**)

I am or have been involved in other legal proceedings involving the Respondent as follows:

Case name: _____
Case No.: _____ Court Location: _____
Date Filed: _____ Date Concluded: _____
Type of Case: _____ Disposition: _____

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