

**COURT OF COMMON PLEAS  
BUTLER COUNTY, OHIO**

\_\_\_\_\_  
Petitioner : Case No. \_\_\_\_\_

\_\_\_\_\_  
Address : Judge \_\_\_\_\_

\_\_\_\_\_  
City, State, Zip Code :

**PETITION FOR STALKING CIVIL PROTECTION  
ORDER (SCPO) (R.C. 2903.214)**

v. :  
:

\_\_\_\_\_  
Respondent : **Notice to Petitioner: Throughout this form,  
Address : mark every G that applies.**

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

\_\_\_\_\_  
City, State, Zip Code :

SS# \_\_\_\_\_ DOB \_\_\_\_\_

**9** 1. Petitioner seeks relief on Petitioner's own behalf.

**9** 2. Petitioner seeks relief on behalf of the following family or household members:

NAME	AGE/DOB	HOW RELATED TO PETITIONER

3. Ohio law defines MENACING BY STALKING as follows: *"No person by engaging in a pattern of conduct shall knowingly cause another to believe that the offender will cause physical harm to the other person or cause mental distress to the other person."* (Ohio Revised Code Section 2903.211(A).) It is NOT required that Respondent be related to Petitioner in any way.

Petitioner states that Respondent has engaged in the following act(s) of MENACING BY STALKING (describe the nature and extent of the act(s), and describe any previous convictions of respondent for menacing by stalking):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Petitioner requests that the Court grant relief under R.C. 2903.214 for the safety and protection of the Petitioner and the family or household members named in this Petition by granting a stalking civil protection order that:

: (a) Directs Respondent not to abuse Petitioner and the family or household members named in this Petition by harming, attempting to harm, threatening, molesting, following, stalking, bothering, harassing, annoying, contacting, or forcing sexual relations upon them.

9 (b) Requires Respondent to refrain from entering, approaching, or contacting (including contact by any media, writings, e-mail, fax, telephone, voice mail, and delivery service in person or by any intermediary) the residence, school, business, and place of employment of Petitioner and the family or household members named in this Petition.

9 (c) Requires Respondent not to damage any of the property of Petitioner and Petitioner's family.

9 (d) Requires Respondent not to possess any firearm or other deadly weapon.

9 (e) Requires Respondent to complete batterer counseling, substance abuse counseling, or other counseling as determined necessary by the Court.

9 (f) Requires Respondent to pay all costs of this action.

9 (g) Includes the following additional provisions: \_\_\_\_\_  
\_\_\_\_\_

9 5. Petitioner further requests that the Court issue an ex parte (emergency) protection order in accordance with R.C. 2903.211(C)(2) and this Petition.

: 6. Petitioner further requests that the Court issue no mutual protection orders or other orders against Petitioner unless all of the conditions of R.C. 2903.211(E) (3) are met.

: 7. Petitioner further requests that if Petitioner has a victim advocate, the court will permit the victim advocate to accompany Petitioner at all stages of these proceedings as required by R.C. 2903.211(L).

: 8. Petitioner further requests that the Court grant such other relief as the Court considers equitable and fair.

9 9. The following is a list of all present and past court cases involving Respondent, that Petitioner has knowledge of:

CASE NAME				
CASE NUMBER				
COURT/COUNTY				
OUTCOME OF CASE				

I hereby swear or affirm that the answers above are true, complete and accurate. I understand that falsification of this document may result in a contempt of court finding against me which could result in a jail sentence and fine, and that falsification of this document may also subject me to criminal penalties for perjury under R.C. 2921.11.

Sworn to and subscribed before me on this \_\_\_\_\_ day  
of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
SIGNATURE OF PETITIONER

\_\_\_\_\_  
TARY PUBLIC \_\_\_\_\_ NO

\_\_\_\_\_  
SIGNATURE OF ATTORNEY FOR PETITIONER, IF ANY

\_\_\_\_\_  
PRINT ATTORNEY NAME AND REGISTRATION NUMBER

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY, STATE, ZIP

\_\_\_\_\_  
TELEPHONE NUMBER