

Beaver County — Protection from Abuse Petition / Intake Procedure for Plaintiffs

1) **Who can I file against?**

Pursuant to 23 Pa.C.S. §6102, the plaintiff (or protected person, if filing on behalf of another) must have one of the following relationships with the defendant: ¹

- A family member or household member
- A sexual or intimate partner
- A person with whom you share biological parenthood (you share a child)

2) **What type of conduct constitutes "abuse" under the Protection from Abuse Act?**

Pursuant to 23 PA.C.S. §102, the following conduct is "abuse":

- Attempting to cause or intentionally, knowingly or recklessly causing bodily injury, serious bodily injury, rape, involuntary deviate sexual intercourse, sexual assault, statutory sexual assault, aggravated indecent assault, indecent assault or incest with or without a deadly weapon.
- Placing another in reasonable fear of imminent serious bodily injury.
- The infliction of false imprisonment pursuant to 18 Pa.C.S. §2903 (relating to false imprisonment).
- Physically or sexually abusing minor children, including such terms as defined in Chapter 63 (relating to child protective services).
- Knowingly engaging in a course of conduct or repeatedly committing acts toward another person, including following the person, without proper authority, under circumstances which place the person in reasonable fear of bodily injury. The definition of this paragraph applies only to proceedings commenced under this title and is inapplicable to any criminal prosecutions commenced under Title 18 (relating to crimes and offenses).

3) **Filing a Petition**

The Beaver County Court of Common Pleas will accept Petitions for Temporary PFAs between 8:00 a.m. and 9:30 a.m. At other times you can file for an Emergency PFA from your local MDJ or the MDJ on-duty if after-hours.

- Be prepared to spend the entire morning at the Courthouse. To expedite the process for yourself and other petitioners that day, please consider completing the Petition prior to arriving at the Courthouse. The Petition is available at all MDJ offices and on the Court's website at <https://www.beavercountypa.gov/Depts/C0L11ts>. If you do not own a printer, you can still complete the Petition on the website or type into the pdf and email to pfa@beavercountypa.gov.
- When answering the questions regarding incidents of abuse, please focus on the actual conduct that constitutes "abuse" as defined above; extensive background information is often unnecessary.

¹ Other relationships may qualify under a Sexual Violence Protection Order or a Protection from Sexual Violence & Intimidation Order.

PETITION FOR PROTECTION FROM ABUSE

IN THE COURT OF COMMON PLEAS OF
_____ COUNTY, PENNSYLVANIA
NO. _____

1. PLAINTIFF

First Middle Last Suffix Plaintiff's DOB

Plaintiff's Address:

Plaintiff's address is confidential or Plaintiff's address is: _____

V.

2. DEFENDANT

First Middle Last Suffix

Defendant's Address:

DEFENDANT IDENTIFIERS			
DOB		HEIGHT	
SEX		WEIGHT	
RACE		EYES	
HAIR			
SSN			
DRIVERS LICENSE #			
EXP DATE		STATE	

CAUTION:

- Weapon Involved**
- Weapon Present on the Property**
- Weapon Requested Relinquished**

Defendant's Place of employment is: _____

Check here if you have reason to believe that Defendant is a licensed firearms dealer, employed by a licensed firearms dealer or manufacturer; employed as a writer, researcher, or technician in the firearms or hunting industry, or is required to carry a firearm as a condition of employment.

3. I am filing this Petition on behalf of: Myself or Another Person

If you checked "myself", please answer all questions referring to yourself as "Plaintiff". If you ONLY checked "another person", please answer all questions referring to that person as the "Plaintiff", and provide your name and address here, as filer, unless confidential.

Filer's Name:

First Middle Last Suffix

Filer's Address is Confidential or Filer's address is: _____

If you checked "Another Person", indicate your relationship with Plaintiff:

- parent of minor Plaintiff(s)
- applicant for appointment as guardian *ad litem* of minor Plaintiff(s)
- adult household member with minor Plaintiff(s)
- court appointed guardian of incompetent Plaintiff(s)

4. Name(s) of all persons, including minor child/ren, who seek protection from abuse:

5. Indicate the relationship between Plaintiff and Defendant:

CHECK ALL THAT APPLY:

- spouse or former spouse of Defendant
- parent of a child with Defendant
- current or former sexual or intimate partner with Defendant
- child of Plaintiff
- child of Defendant
- family member related by blood (consanguinity) to Defendant
- family member related by marriage or affinity to Defendant
- sibling (person who shares parenthood) of Defendant

- Check here if Defendant is 17 years old or younger.

6. Have Plaintiff and Defendant been involved in any of the following court actions?

- Divorce Custody Support Protection from Abuse

If you checked any of the above, briefly indicate when and where the case was filed and the court number, if known: _____

7. Has Defendant been involved in any criminal court action? _____

If you answered Yes, is Defendant currently on probation? _____

Has Defendant been determined to be a perpetrator in a founded or indicated report under the Child Protective Services Law, 23 Pa.C.S. §§ 6301 - 6386?

If you answered Yes, what county's court or child protective services agency issued the founded or indicated report? _____

8. Plaintiff and Defendant are the parents of the following minor child/ren:

Name(s)	Age(s)	who reside at (list address unless confidential)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

9. If Plaintiff and Defendant are parents of any minor child/ren together, is there an existing court order regarding their custody? _____

If you answered "Yes," describe the terms of the order (e.g., primary, shared, legal or physical custody):

If you answered "yes", in what county and state was the order issued?

If you are now seeking an order of child custody as part of this petition, list the following information:

(a) Where has each child resided during the past five years?

Child's name	Person(s) child lived with	Address, unless confidential	When
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(b) List any other persons who are known to have or claim a right to custody of each child listed above.

Name	Address	Basis of Claim
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

10. The following other minor child/ren presently live with Plaintiff:

Name(s)	Age(s)	Plaintiff's relationship to child/ren
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

11. The facts of the most recent incident of abuse are as follows:

Approximate Date: _____

Approximate Time: _____

Place: _____

13. (a) Has Defendant used or threatened to use any firearms or other weapons against Plaintiff or the minor child/ren? If so, please describe the use or threatened use below and list on Attachment A to Petition, which is incorporated by reference into this petition, any firearms, other weapons, or ammunition Defendant used or threatened to use against Plaintiff or the minor child/ren: _____

(b) Other than the firearms, other weapons, or ammunition Defendant used or threatened to use against Plaintiff or the minor child/ren, does Defendant, to the best of your knowledge or belief, own or possess any additional firearm, other weapon, ammunition, or any firearm license? Yes No

(c) If the answer to (b) above is "yes," list any additional firearm, other weapon, or ammunition owned by or in the possession of Defendant on Attachment A to Petition, which is incorporated by reference into this petition.

(d) Plaintiff (*check one*) DOES DOES NOT request that the court order Defendant to relinquish firearms, other weapons, or ammunition listed on Attachment A to Petition. If Plaintiff does seek relinquishment, identify on Attachment A to Petition the firearms, other weapons or ammunition Plaintiff requests the court to order Defendant to relinquish.

14. Identify the sheriff, police department, or law enforcement agency in the area in which Plaintiff lives that should be provided with a copy of the protection order: _____

15. There is an immediate and present danger of further abuse from Defendant.

CHECK THE FOLLOWING BOXES ONLY IF THEY APPLY TO YOUR CASE AND PROVIDE THE REQUESTED INFORMATION

- Plaintiff is asking the court to evict and exclude Defendant from the following residence: _____
- owned by (list owners, if known): _____
- rented by (list all names, if known): _____
- Defendant owes a duty of support to Plaintiff or the minor child/ren:
- Plaintiff has suffered out-of-pocket financial losses as a result of the abuse described above. Those losses are: _____

FOR THE REASONS SET FORTH ABOVE, I REQUEST THAT THE COURT ENTER A TEMPORARY ORDER, AND AFTER HEARING, A FINAL ORDER THAT WOULD DO THE FOLLOWING (CHECK ALL FORMS OF RELIEF REQUESTED)

A. Restrain Defendant from abusing, harassing, stalking, threatening, attempting or threatening to use physical force against Plaintiff or the minor child/ren in any place where Plaintiff or the child/ren may be found.

B. Evict/exclude Defendant from Plaintiff's residence and prohibit Defendant from attempting to enter any temporary or permanent residence of Plaintiff.

C. Require Defendant to provide Plaintiff or the minor child/ren with other suitable housing.

D. Award Plaintiff temporary custody of the minor child/ren and place the following restrictions on contact between Defendant and the child/ren: _____

E. Prohibit Defendant from having any contact with Plaintiff or the minor child/ren, in person, by telephone, or in writing, personally or through third persons, including but not limited to any contact at Plaintiff's school, business, or place of employment, except as the court may find necessary with respect to partial custody with the minor child/ren.

F. Prohibit Defendant from having any contact with Plaintiff's relatives and Plaintiff's children listed in this petition, except as the court may find necessary with respect to partial custody with the minor child/ren. The following persons are Plaintiff's relatives or family and household members that Plaintiff believes require protection from stalking and harassment by Defendant.

Name	Address (optional)	Relationship to Plaintiff
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_____	_____	_____
_____	_____	_____
_____	_____	_____

- G. Order Defendant to temporarily relinquish the firearms, other weapons, or ammunition listed on Attachment A to Petition, under Defendant's control, or in Defendant's possession, or any firearm license to the sheriff or the appropriate law enforcement agency.
- H. Prohibit Defendant from acquiring or possessing firearms for the duration of the order.
- I. Order Defendant to pay temporary support for Plaintiff or the minor child/ren, including medical support and payment of the rent or mortgage on the residence.
- J. Direct Defendant to pay Plaintiff for the reasonable financial losses.
- K. Order Defendant to pay the costs of this action, including filing and service fees.
- L. Order Defendant to pay Plaintiff's reasonable attorney's fees.
- M. Order the following additional relief, not listed above:

- N. Grant such other relief as Plaintiff requests or the court deems appropriate
- O. Order the police, sheriff, or other law enforcement agency to serve Defendant with a copy of this petition, any order issued, and the order for hearing. Plaintiff will inform the designated authority of any addresses, other than Defendant's residence, where Defendant can be served.
- P. Direct the Pennsylvania State Police, the municipal police, or the sheriff to accompany Plaintiff to his or her residence to retrieve personal belongings or accompany Plaintiff while the petition or order is served on Defendant, if Plaintiff has reason to believe his or her safety is at risk.

VERIFICATION

I verify that I am the petitioner as designated in the present action and that the facts and statements contained in the above Petition are true and correct to the best of my knowledge. I understand that any false statements are made subject to the penalties of 18 Pa. C.S. § 4904, relating to unsworn falsification to authorities

Signature

Date



Beaver County Sheriff's Office

TONY GUY, SHERIFF

CRIMINAL DIVISION
724-770-4602
FAX (724) 728-5080

CIVIL DIVISION
(724) 770-4614
FAX (724) 728-2412

PROTECTION FROM ABUSE- SERVICE INFORMATION SHEET

For prompt service this form must be completed to the best of your ability.

CASE # _____

Failure to answer the emphasized questions may result in the PFA not being served.

DATE: _____

***Defendant's Name:** _____ Race: _____ Sex: _____

***Date of Birth:** _____ Approx. Age: _____ Social Security No: _____

Height: _____ Weight: _____ Hair: _____ Eyes: _____

***Phone No:** _____

Build/ Tattoos/Scars: _____

Personality (when confronted): _____

Does Defendant know Protection Order is coming? _____ **Is the Defendant presently incarcerated?** _____

***Address where Defendant can be served:** _____

Mailing Address (if different than above): _____

Email Address: _____ Social Media: _____

Names and Phone Numbers for other persons who can help locate the Defendant (parents, siblings, children, friends):

Bars/Hangouts? _____

Defendant's Employer: _____ Phone No: _____

Employer's Address: _____ Work Hours: _____

Has Defendant been arrested in the past? _____ If yes, for what? _____

Is Defendant on Probation or Parole? If so please identify County/State Agency supervising the Defendant, if known: _____

Does Defendant own or carry weapons? If so, please describe the type and where they are kept: _____

Vehicle Make: _____ Model: _____ Year: _____ Color: _____ Style: _____

Other persons likely to know the defendant's whereabouts _____

Any additional information that would assist the Sheriff's Office in locating this individual:

Photographs: if available, please forward a recent photo of defendant to sheriff@beavercountypa.gov



Beaver County Sheriff's Office

TONY GUY, SHERIFF

CRIMINAL DIVISION
724-770-4602
FAX (724) 728-5080

CIVIL DIVISION
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FAX (724) 728-2412

PLAINTIFF/PROTECTED PERSON INFORMATION

Confidential Information – May not be disclosed without Order of Court

The emphasized questions are required information.

***Plaintiff's Name:** _____ **DOB:** _____

***Plaintiff's Phone No:** _____

Address: _____

Email: _____

Plaintiff's Sex: _____ **Race:** _____

Protected Person's Name: _____ **DOB:** _____

Protected Person's Sex: _____ **Race:** _____

Protected Person's Employer: _____

Employers Address: _____

Additional Protected Persons:

1: _____ **DOB:** _____ **Sex:** _____ **Race:** _____

2: _____ **DOB:** _____ **Sex:** _____ **Race:** _____

3: _____ **DOB:** _____ **Sex:** _____ **Race:** _____

4: _____ **DOB:** _____ **Sex:** _____ **Race:** _____

5: _____ **DOB:** _____ **Sex:** _____ **Race:** _____

Plaintiff: _____ **Date:** _____