

# HOW TO FILL OUT THE ORDER OF PROTECTION FORM

**Follow these instructions only if you are asked to fill out the *Order of Protection*.**

How do I fill out the *Order of Protection* form?

Listed below are line-by-line instructions with more information on how to fill out the *Order of Protection* form.

## Page 1 Line-By-Line Instructions:

Page 1 Caption/Header: You must enter the information in the caption at the top of the form as instructed. Follow the instructions on the left side of the caption.

Line 1: If you are using your address to receive notice about this case, check the box to the left of "address" and enter your address on the line below. **NOTE:** If you fear more abuse if Respondent finds out where you are staying, check the box to the left of "alternate address for notice." Then, enter an address where you can get court documents on the line below instead. Enter your email address if you want to receive notice by email. By adding your email, you agree to receive court documents by email. You should use an email account that you do not share with anyone else and that you check every day. If you do not check your email every day, you may miss important information or notice of notice dates. Other parties may still send you court documents by mail.

Line 2: Enter Respondent's date of birth, sex, and race, if known.

Line 3: Enter Respondent's home address, work address, and work hours, if known.

**STOP!** Do not fill in any more information on page 1. Only the Judge or circuit clerk may enter anything beyond this point on page 1.

## Page 2 Line-By-Line Instructions:

**STOP!** Do not fill in any information about the hearing or check either of the 2 boxes at the top of page 2. Only the Judge or circuit clerk may check these boxes. Continue entering information at 1. No Abuse.

### 1. No Abuse

Check the box next to No Abuse and each box below it that fits your case. If you are unsure what the words after the boxes mean, you can look at definitions on the last page of the *Order of Protection*.

### 2. Possession of Residence

If you want Respondent to stay away from the place you are living at all times, check the box next to Possession of Residence and the box next to "Exclusive Possession of

Residence is Granted to . . ."

If you listed your actual address of page 1, check the box labeled "Respondent must stay away from that residence located at . . ." and write your address in the space provided.

If you did not list your actual address on page 1, check the box labeled "Respondent must stay away from the undisclosed residence of . . ."

Below the word "BECAUSE," check one of the reasons why Respondent should not be allowed to enter or remain at the place you are living.

### Provision of Alternate Housing

If you live with Respondent and you want them to provide you with another place to live, check the box next to Provision of Alternate Housing. Write your name in the space provided.

**STOP!** Do not fill in any more information in this section. The judge will complete the rest of this section for you.

### 3. Stay Away from Protected Persons and Certain Places

Read the information in the outlined box and make sure that is what you want. If so, check the box next to Stay Away from Protected Persons and Certain Places. If you do not want Respondent to know where you work or other locations, leave blank.

**STOP!** Do not check any other boxes or fill in any information in this section. The judge will complete the rest of this section for you.

## Page 3 Line-By-Line Instructions:

### "Respondent shall not be at or stay at any of these places . . ."

If you want Respondent to stay away from places you need to go, check the boxes next to each kind of place you want Respondent to stay away from. List the correct address for each place. Remember, Respondent will see these addresses.

### "Respondent shall have the right to enter the residence once to retrieve the property . . ."

If you want Respondent to be able to get their property they left at the place you are living, check the boxes that apply. Then, choose whether a police officer or another person should be present. If you choose another person, list their name on the form.

School Restrictions

If Respondent attends the same school as any Protected Person, check the box next to School Restrictions and enter the school name and the protected persons who attend it. Then, check the box that fits your case.

The 1st box says Respondent can't go to school there. The 2nd box says Respondent has to change classes to stay away from Protected Person. The 3rd box lets you ask for other rules, written by you here.

Requirements for Parents and Guardians

**STOP!** Do not check any of the boxes or fill in any information in this section. The judge will complete this section for you.

4. Counseling

If you want Respondent to get counseling for drug or alcohol abuse, mental health issues, or behavioral health issues, check the boxes that apply to your case.

Page 4 Line-By-Line Instructions:

5. Care and Possession of Children

If you and Respondent have children together check the box next to Care and Possession of children.

Enter the names of all children under age 18 that you and Respondent have together. Check the box after each child if you want to protect them from Respondent.

"The primary caretaker of the minor children is . . ."

If you checked box 5 (Care and Possession of Children), check the box next to "The primary caretaker of the minor children is . . ." and check the box for the person who is the primary caretaker of the children. If the primary caretaker of the children is someone other than you or Respondent, check the box for Other Person and enter that person's name and address.

"Petitioner is granted the physical care and possession . . ."

If you checked box 5 (Care and Possession of Children) and do not want the children to stay with Respondent, check this box.

"Respondent shall . . . return the minor children to the physical care of . . ."

If you checked box G2 on page 8 of your *Petition for Order of Protection* and you want Respondent to return the children to you or another person, check the box that applies and check the box that fits your case. If you check the box for Other Person, enter that person's name.

Enter the address where Respondent should return the children. Check the box next to "on" if you want Respondent to return the children on a specific date. Check the box next to "by" if you want Respondent to return the children at any time before a specific date. Enter the date in the space provided. If you want another person to be present when Respondent returns the children, enter their name.

"Respondent shall not remove the minor children from the physical care of Petitioner or from a school . . ."

If you checked box G3 on page 8 of your *Petition for Order of Protection* and you don't want Respondent to remove the children from their school, daycare, babysitter, or any person caring for them, check this box.

"Within 24 hours of this *Order* being entered, the circuit clerk shall send written notice . . ."

If you checked the previous box and box G2 on page 8 of your *Petition for Order of Protection*, check the box as indicated and then list the name and address for their school, daycare, or health care provider.

**NOTE:** If you don't want Respondent to know where the children go to school, don't list it. Instead, check the box next to "For the safety of Petitioner . . ." and fill out the *Confidential Name & Location of the School or Childcare Provider*. Get that form from the Circuit Clerk or online at [illinoiscourts.gov/Forms/approved/default.asp](http://illinoiscourts.gov/Forms/approved/default.asp).

6. Temporary Significant Decision-Making Responsibility (formerly custody)

Check the box that applies to your situation.

Page 5 Line-By-Line Instructions:

7. Parenting time with the Minor Children

Check this box only if you and the respondent have minor children together and you want the judge to make an order about parenting time.

If you check the box, complete the rest of the section.

"Parenting time is RESERVED until a later hearing."

Check this box if you want to wait until a later hearing to decide parenting time.

"Parenting time is DENIED . . . OR  RESTRICTED . . ."

Check the box next to DENIED if you want Respondent to have no parenting time at all. Check the box next to RESTRICTED if you want Respondent to have parenting time with some rules. Then check the boxes below that fit your case.

"Parenting time is GRANTED as follows . . ."

If you want Respondent to have parenting time, check the box next to "Parenting time is GRANTED as follows . . ." Then check all boxes below it that fit when, where, and how you want parenting time to happen. Fill in the blanks with specific times, days, and other information. Select a.m. or p.m.

"In order to protect Petitioner from further abuse, Respondent shall not go to Petitioner's residence . . ."

If you do not want Respondent to be able to go to your residence to meet with the children for parenting time, check this box.

"Pickup and return for parenting time shall take place at . . ."

If you want to specify where the children should be picked up and returned to for parenting time, check this box. Then check the box that fits your case and write the address on the line next to that box.

"Responsibility for transportation of the children for parenting time shall be as follows . . ."

If you want to describe specific arrangements for parenting time transportation, check this box and describe the arrangements in the space provided.

"Parenting time shall take place at . . ."

If you want to specify where parenting time should take place, check this box and write the address.

"Parenting time shall be supervised by . . ."

If you want someone to supervise parenting time, check this box and write that person's name on the line.

**NOTE:** This person must file an *Affidavit of Parenting Time Supervisor* with the court before they can be a supervisor. You can find the form here:

[illinoiscourts.gov/Forms/approved/default.asp](http://illinoiscourts.gov/Forms/approved/default.asp)

"At the end of parenting time, Respondent shall immediately return the children . . ."

If you want Respondent to immediately return the children after parenting time to you or a specific person, check this box. If you want the children returned to a specific person, write their name in the space provided.

Page 6 Line-By-Line Instructions:

8. No Concealment or Removal of Children

If you are afraid that Respondent will hide or take your children out of state, check this box.

9. Appear with Children

If Respondent has your children and you want them to be with you, check this box. Then check all the boxes below "to (check all that apply)" that fit your case.

**STOP!** Leave the hearing date blank, the judge or circuit clerk will fill in this section for you.

10. Possession of Personal Property

If you want your things protected from Respondent, check this box. Check the "Petitioner is awarded" box and list the things you want to protect.

If any of the things you listed are in Respondent's possession, check the box next to "Respondent shall return" and the other boxes that apply to you. List the things you want Respondent to return and the name of the person they should be returned to.

**STOP!** Do not check any other boxes or fill in any information in the "Court finds" section. The judge will complete the rest of this section for you.

"Respondent is awarded . . ."

If you have things that Respondent may need immediately, check this box. Check the boxes that fit your case and list any other items.

"Personal property shall be transferred at . . ."

If you or Respondent need to give things to each other, check this box, then enter the address where and the date when you want this to happen.

Check whether you want law enforcement or another person to be there when it happens and enter that person's name.

11. Restrictions on Property

If you checked box 10 (Possession of Personal Property), check the box next to Protection of Property and check all the boxes that apply to you.

"Restrictions on Resources; Aged Protected Person"

If you want to stop Respondent from using an elderly person's money or property for themselves, check this box.

Page 7 Line-By-Line Instructions:

11.5. Possession of Animals

If you want to protect your pets from Respondent, check this box. Enter the name and description of the animals in the space provided.

12. Temporary Support

If you want financial support for you or your children you have together, check the boxes that apply to you.

**STOP!** Do not check any other boxes or fill in any information in this section. The judge will complete the rest of this section for you.

13. Payment of Losses Due to Abuse

If you are asking that Respondent give you money for things that were caused by abuse, check this box. Then check the box next to "Respondent shall pay . . ."

**STOP!** Do not check any other boxes or fill in any information in this section. The judge will complete the rest of this section for you.

14. No Entry or Presence Under Influence

If you want Respondent to be able to be at your residence when sober but stay away when using drugs or alcohol, check this box.

Page 8 Line-By-Line Instructions:

14.5. Firearms

**STOP!** Do not check any of the boxes or fill in any information in this section. The judge will complete this section for you.

15. Children's Records

If you don't want Respondent to get your children's school records or other records, check this box. Then check all the boxes that fit your case

16. Shelter Reimbursement

If you were in a domestic violence shelter and you want Respondent to pay for your stay there, check this box.

**STOP!** Do not check any other boxes or fill in any information in this section. The judge will complete the rest of this section for you.

17. Miscellaneous Remedies

If there are other things you want Respondent to do or to stop doing, check this box and list those things.

18. Telephone Services

If you are on the Respondent's cell phone plan and you want to separate your account, check the box and enter the provider name and telephone numbers. If the judge separates you from Respondent's plan, you will be required to pay your own bill.

If you are the cell phone account holder, you do not need

the court to Order the Respondent be removed. You can contact the cell phone provider and ask that they remove the Respondent.

Page 9 Line-By-Line Instructions

Finish entering information about your cell phone number.

**STOP!** Do not check any boxes or fill in any information after this point. The judge or the circuit clerk will fill out the rest of the *Order*.