

ELDER PROTECTION FROM ABUSE WORKSHEET

IMPORTANT INFORMATION (Please Read BEFORE Completing):

- The person asking for the PFA is the Plaintiff. The other party is the Defendant.
- Either the Plaintiff or the Defendant must live in Morgan County or the abuse must have happened here.
- Read over PFA to ensure you are eligible to apply (See Section I. on next page).
- Last page must be signed in front of a Notary Public or Circuit Clerk.
- Employees of the Clerk's Office are prohibited from giving legal advice or assisting in completing Petition.

① The following information is required before a Protection Order can be entered on the Domestic Violence Order Registry: (Please Print)

YOUR INFORMATION: (Needed to Notify of Court Date ~ Information Kept Confidential)

Plaintiff's Name (first, middle, last) _____

Mailing Address (court notices will be mailed here) _____

City _____ State _____ ZIP _____

Address of Residence that the Plaintiff wants the Defendant to be excluded from:

(Plaintiff must reside at the address on a regular basis) _____

Telephone Number _____ Date of Birth _____ SS# _____

Plaintiff's Relationship to Defendant: _____

Have you ever filed a Petition for Elder Abuse Protection against this individual before? Yes No
If so, what county & state? _____

Would you like a court advocate to contact you and appear with you in Court? Yes No

If yes, you may contact Crisis Services at (256) 337-3670. This service is free and provided by Crisis Services of North Alabama.

DEFENDANT'S INFORMATION: *Must Have Physical Address to Serve Petition*

Defendant's Name (first, middle, last) _____

Street Address _____

City _____ State _____ Zip _____

Telephone Number _____ Date of Birth _____ SS# _____

DL#: _____ Height _____ Weight _____ Race _____ Sex _____

Color of Hair _____ Color of Eyes _____

Other Distinguishing Marks _____

Vehicle Description & Tag # if known: _____

Place of Employment _____

Employer's Address _____

PETITION FOR ELDER ABUSE PROTECTION ORDER

Court Case Number

IN THE CIRCUIT COURT OF _____ COUNTY, ALABAMA
(Name of County)

_____ v. _____
(Name of Plaintiff (victim)) (Name of Defendant (person to be restrained))

(Name of Plaintiff filing on behalf of victim) (Name of Victim) (Defendant's Address (Business or Home))

(Defendant's Social Security Number) (City) (State) (Zip Code)

(Defendant's Date of Birth)

YOU MUST PROVIDE COMPLETE AND TRUTHFUL INFORMATION. IF YOU DO NOT, THE COURT MAY DISMISS THIS CASE, AND YOU MAY BE SUBJECT TO BEING CHARGED WITH PERJURY FOR KNOWINGLY PROVIDING FALSE INFORMATION.

I. ELIGIBLE PLAINTIFFS:

(Note: The word, "Plaintiff," as used in this form, describes the victim and/or the person filing on behalf of the victim):

I am 60 years of age or older and am in need of protection from elder abuse.

OR

I am filing on behalf of a person 60 years of age or older, who is in need of protection from elder abuse and lacks the physical or mental capacity to seek protection for himself or herself, and I am the person's (check all that apply): court appointed guardian (include copy of the court order of appointment); court appointed conservator (include copy of the court order of appointment); court appointed temporary guardian (include copy of the court order of appointment); agent, co-agent, or successor agent appointed under the plaintiff's validly executed power of attorney who acts within the authority of the power of attorney (include copy of the power of attorney); health care proxy appointed under the plaintiff's validly executed Advance Directive for Health Care or similar document (include document); an interested person who has the authority to petition for protective placement or other protective services under Section 38-9-6, Ala. Code 1975.

I state that the following is true and correct:

The Plaintiff is a resident of _____ County Parish in the State of _____
(Name of County/Parish) (Name of State)

Are there any criminal charges against the Defendant because of abuse to the Plaintiff? YES NO

If YES, the charges were brought in _____ County Parish, _____
(Name of County/Parish) (Name of State)

(Note: If there are more civil or other cases with the Defendant or more criminal charges against the Defendant, please attach additional 8" x 11" sheets of paper, if necessary, stating the case number(s), County(ies), Parish(es), and State(s) in which these cases are being handled.)

(Check one or more of the following boxes if the statement(s) apply/applies to the Plaintiff):

The Plaintiff left his or her residence to avoid further abuse or threat of abuse, and the Plaintiff is temporarily located in _____
County, Alabama. *(Name of County)*

The Defendant lives in _____ County Parish, _____
(Name of County/Parish) (Name of State)

The elder abuse occurred in _____ County, Alabama.
(Name of County)

I am requesting an elder abuse protection order: a change in a current protection order: an emergency order: a change in an emergency order.

Sections 38-9F-1 to 38-9F-12, Ala. Code 1975

Original - Court Record Copy - Law Enforcement Copy - Plaintiff Copy - Defendant

PETITION FOR ELDER ABUSE PROTECTION ORDER

Court Case Number

II. To Get a Protection Order, the Defendant Must Have Done One or More of the Following (Check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Threatened to confine the Plaintiff | <input type="checkbox"/> Injured the Plaintiff |
| <input type="checkbox"/> Made the Plaintiff afraid that the Plaintiff would be seriously injured | <input type="checkbox"/> Used force to exert control over the Plaintiff's property |
| <input type="checkbox"/> Made the Plaintiff have sex by force or threat of force | <input type="checkbox"/> Threatened to injure/hurt the Plaintiff |
| <input type="checkbox"/> Kidnapped the Plaintiff | <input type="checkbox"/> Stalked the Plaintiff |
| <input type="checkbox"/> Trespassed on the Plaintiff's property | <input type="checkbox"/> Set fire to the Plaintiff's house |
| <input type="checkbox"/> Tortured or willfully abused the Plaintiff | <input type="checkbox"/> Restrained the Plaintiff |
| <input type="checkbox"/> Stole from the Plaintiff | <input type="checkbox"/> Took away or deprived the Plaintiff of food, clothing or shelter |
| <input type="checkbox"/> Recklessly engaged in conduct which risked serious injury to the Plaintiff | <input type="checkbox"/> Other (please specify): _____ |
| <input type="checkbox"/> Inflicted emotional or mental anguish on the Plaintiff | |
| <input type="checkbox"/> Prevented Plaintiff from receiving mental or physical health care | |

III. Explain the Abuse That Has Happened Below (If Applicable) (Begin With the Most Recent Act. You May Add Additional 8" x 11" Sheets of Paper, If Necessary):

Date and place where the elder abuse occurred: _____

Describe how the Defendant hurt or threatened the Plaintiff or how the Plaintiff is in imminent danger of becoming a victim:

Describe how the Defendant stole from the Plaintiff: _____

I genuinely fear the Defendant will cause further abuse because: _____

IV. Legal Information (Check all that apply):

There is a current restraining or protection order against the Defendant:

YES; I don't know; NO. If YES, the County and State where it was issued: _____ County, _____ (State).
(Name of County) (Name of State)

The Defendant has a current restraining or protection order against the Plaintiff:

YES; No. If YES, the County and State where it was issued: _____ County, _____ (State).
(Name of County) (Name of State)

The Plaintiff has a court appointed guardian or conservator:

YES; I don't know; NO. If YES, the County and State where it was issued: _____ County, _____ (State).
(Name of County) (Name of State)

(Note: If there are more current restraining or protection orders against the Defendant or against the Plaintiff, please attach additional 8" x 11" sheets of paper, if necessary, stating the case number(s), County(ies)/Parish(es), and State(s) in which these Orders were issued).

PETITION FOR ELDER ABUSE PROTECTION ORDER

Court Case Number

V. Residence

THE DEFENDANT MAY BE REQUIRED TO MOVE FROM THE PLAINTIFF'S RESIDENCE IF THE RESIDENCE IS IN THE SOLE NAME OF THE PLAINTIFF. IF IT IS JOINTLY OWNED OR RENTED BY THE PLAINTIFF AND THE DEFENDANT.

The place where the Plaintiff lives is: Owned by: the Plaintiff; or the Defendant; or both the Plaintiff and the Defendant.
 Rented by:

VI. Emergency Relief Requested (Please Check the Boxes To Show What is Requested):

The Plaintiff is at risk of imminent potential harm, and I am asking the Court for the following for myself or the person(s) for whom I am applying:

(1) Enjoin the Defendant from threatening to commit or committing acts of elder abuse, as defined in the Elder Abuse Protection Order and Enforcement Act, against the:
 Plaintiff; and/or any designated person, to-wit: _____
(Name of Person)

(2) Restrain and enjoin the Defendant from:
 Harassing; Stalking; Annoying; Telephoning; Contacting*; Communicating with: the Plaintiff; OR
 Threatening or engaging in conduct that would place the following in reasonable fear of bodily injury: the Plaintiff; and/or any designated person, to wit: _____
(Name of Person)

* "Contacting" may include, but is not limited to, communicating with the victim verbally or in any written form, either in person, telephonically, electronically, or in any other manner, either directly or indirectly through a third person.

(3) Order the Defendant to stay away from: the Plaintiff's residence; place of employment; and/or any specified place frequented by the Plaintiff the Defendant has no legitimate reason to frequent, to-wit: _____
(Place)

(4) Remove and exclude the Defendant from the residence of the Plaintiff, regardless of ownership of the residence.

(5) Order possession and use of an: automobile and/or other essential personal effects regardless of ownership; and direct the appropriate law enforcement officer to accompany the Plaintiff to the residence of the Plaintiff or to other specified locations as necessary to protect the Plaintiff from abuse.

(6) Prohibit the Defendant from: transferring; concealing; encumbering; or otherwise disposing of specified property mutually owned or leased by the parties or in which the Plaintiff had an ownership interest within the last 12 months, to-wit: _____
(Please describe property).

(7) Prohibit the Defendant from transferring the funds, benefits, property, resources, belongings, or assets of the Plaintiff to any person other than the Plaintiff.

(8) Restrain the Defendant from exercising control over the funds, benefits, property, resources, belongings, or assets of the Plaintiff.

(9) Require the Defendant to provide an accounting of the disposition of the Plaintiff's income and other resources, and of the Plaintiff's debts and expenses.

(10) Restrain the Defendant from exercising any powers the Defendant has been granted as the Plaintiff's agent under power of attorney.

(11) Require the Defendant to comply with the instructions of the Plaintiff's guardian, conservator, or agent under power of attorney.

(12) Order other relief deemed necessary to provide for the safety and welfare of the: Plaintiff; and/or any designated person as follows: _____
(Describe).

VII. Additional relief requested for final hearing (permanent order):

In addition to the relief requested above in "VI. Emergency Relief Requested," I request the following relief for myself and/or person(s) for whom I am applying:

(13) Require the Defendant to return custody or control of the funds, benefits, property, resources, belongings, or assets to the Plaintiff.

(14) Order restitution.

(15) Prohibit the Defendant from possessing a firearm or other weapon specified by the court, except when the weapon is necessary for employment as a law enforcement officer or military personnel.

(16) Order the Defendant to pay attorney's fees and court costs.

Original - Court Record

Copy - Law Enforcement

Copy - Plaintiff

Copy - Defendant

**PETITION FOR ELDER ABUSE
PROTECTION ORDER**

Court Case Number

(17) Order other relief not requested above (describe):

Before me, the undersigned authority, personally appeared the Plaintiff or person filing on behalf of the Plaintiff, who is known to me or presented an identification card to me and who being duly sworn, deposes and says that he/she has read the foregoing Petition for Elder Abuse Protection Order and that the facts herein are true and correct.

Sworn to and subscribed before this, the _____ day of _____

(Name of Plaintiff (Please print))

(Signature of Plaintiff)

Person filing on behalf of the Plaintiff (Please print)

(Signature of Person filing on behalf of the Plaintiff)

Judge/Clerk of Court/Notary Public

(Notary: My commission expires _____)

*Business Address and Telephone Number of Judge/Clerk
of Court/Notary Public*

NOTICE TO DEFENDANT

The Defendant is advised that (1) he or she has the right to counsel at his or her own expense at the final hearing on this Petition but not counsel appointed by the court; and (2) he or she has a right to request a final hearing prior to 10 days of perfection of service of this Petition.

Original-Court Record

Copy-Law Enforcement

Copy-Plaintiff

Copy-Defendant

Section 38-9F-6

Sworn petition for relief on behalf of elderly person.

(a) If a plaintiff lacks the physical or mental capacity to seek protection for himself or herself, the following may file a sworn petition for relief on behalf of the plaintiff:

(1) A court appointed guardian. The petition must include a copy of the court order appointing the petitioner as the plaintiff's guardian.

(2) A court appointed conservator. The petition must include a copy of the court order appointing the petitioner as the plaintiff's conservator.

(3) A temporary guardian appointed pursuant to Section 26-2A-107. The petition must include a copy of the court order appointing the petitioner as the plaintiff's temporary guardian.

(4) An agent, co-agent, or successor agent appointed under the plaintiff's validly executed power of attorney who acts within the authority of the power of attorney. The petition shall include a copy of the power of attorney.

(5) A health care proxy appointed under the plaintiff's validly executed Advance Directive for Health Care, or similar document, who acts within the authority of the designation. The petition shall include a copy of the Advance Directive for Health Care or similar document.

(6) An interested person who has the authority to petition for protective placement or other protective services under Section 38-9-6.

(b) A sworn petition shall allege the incidents of abuse and the specific facts and circumstances that form the basis upon which relief is sought.

(c) Standardized petitions for actions pursuant to this chapter shall be made available through the circuit clerk's offices throughout the state. A circuit clerk shall not be required to provide assistance to individuals in completing the forms or in presenting the petitioner's case to the court.

(d) The elderly person for whom the petition is filed must be served with the petition pursuant to the Alabama Rules of Civil Procedure.

(e) The court may not assess court costs or other fees for the filing or service of a petition or the issuance of a witness subpoena under this chapter against a petitioner or plaintiff. Costs and fees may be assessed against the defendant at the discretion of the court.

(Act 2017-284, §6.)