STATE OF INDIANA   )   IN THE _____ COURT_____
) SS: (_____DIVISION, ROOM ____)
COUNTY OF _____)

                                                CASE NO. _____

_____,)
Petitioner (**Your Name**)   )
      vs.   )
_____,)
Respondent (**Person to be Restrained**))

<u>VERIFIED PETITION TO EXTEND ORDER FOR PROTECTION</u>

The Petitioner, a protected person in a previously issued Order for Protection, requests that the Court extend the Order for Protection previously issued in this case. In support of this Petition, the Petitioner states:

1.   The Court has previously issued an Order for Protection in this case on the _____ day of _____, 20____.

2.   The Order described above in Paragraph 1 will expire on the date of _____**.**

3.   The Respondent can now be found and served at the following address [IT IS IMPORTANT THAT YOU HAVE A CURRENT ADDRESS FOR THE RESPONDENT. WITHOUT PROPER SERVICE/NOTICE ANY ORDER WOULD BE UNENFORCEABLE.]
Address: _____
City: _____
State: _____

4.   An extension of the Order for Protection is necessary to bring about a cessation of violence or the threat of violence because of a continuing threat of harm (check all that apply):
___ I am still affected by the original acts which caused me to seek an Order;
___ New actions have occurred since the original Order for Protection (See #5)
___ The previous Order for Protection was violated by the Respondent on the _____ day of _____, 20___ in the following manner:
_____
_____

5. The Petitioner believes that an extension of the Order for Protection is necessary to protect the Petitioner and/or a member of the Petitioner's household and/or the Petitioner's property because:

_____
_____
_____.

6. Besides the extension of the original Order for Protection, indicate any new relief you may be seeking by this Petition:

_____
_____.

WHEREFORE, the Petitioner requests the Court set this matter for hearing, and the Court extend the Order for Protection as requested.

I affirm, under the penalties for perjury, that the foregoing representations are true.

DATE: _____   (Petitioner's signature) _____

                            (Printed)   _____

TCM-PO-0116 Approved 07/15