

STATE OF VERMONT

SUPERIOR COURT

FAMILY DIVISION

Unit

Case No. \_\_\_\_\_

Petitioner

Respondent

Date Of Birth

	V.		
--	----	--	--

Petitioner is ☐ State's Attorney/Attorney General  
☐ Household/Family member

Respondent's Full Physical Address: \_\_\_\_\_  
\_\_\_\_\_

PETITION FOR EXTREME RISK PROTECTION ORDER

If Petition is filed by a family or household member, what is the relationship of the Parties:

(Household members means persons who are living together, are sharing occupancy of a dwelling, are engaged in a sexual relationship, or minors or adults who are dating. "Dating" means a social relationship of a romantic nature.)

- ☐ Spouses  
☐ Former Spouses  
☐ Family Member (describe relationship) \_\_\_\_\_  
☐ Other (describe relationship) \_\_\_\_\_  
☐ Persons who are or have been living together or sharing occupancy  
☐ Persons who are or have been engaged in a sexual relationship  
☐ Persons who are or have been dating

Existing Court Order or Proceedings

Is there an existing order or a pending court proceeding involving the Respondent in this petition?

	No	Yes
Relief from Abuse	<input type="checkbox"/>	<input type="checkbox"/>
Stalking or Sexual Assault	<input type="checkbox"/>	<input type="checkbox"/>

State(s): \_\_\_\_\_ County: \_\_\_\_\_

Case Number: \_\_\_\_\_

Facts

- ☐ On (date) \_\_\_\_\_ Respondent did the following:  
☐ inflicted or attempted to inflict bodily harm on another  
☐ by his/her threats or actions has placed others in reasonable fear of physical harm to themselves  
☐ by his/her actions or inactions has presented a danger to persons in his/her care  
☐ has threatened or attempted suicide or serious bodily harm

Request for Emergency Relief

- ☐ The Petitioner requests that the Court prohibit the Respondent from purchasing, possessing, or receiving a dangerous weapon or having a dangerous weapon within his/her custody or control.  
☐ Other: \_\_\_\_\_

**Request for Final Order**

- ☐ The Petitioner requests that the Court prohibit the Respondent from purchasing, possessing, or receiving a dangerous weapon or having a dangerous weapon within his/her custody or control.
- ☐ Other: \_\_\_\_\_

**The facts to support this request for relief can be found on the Petitioner's accompanying affidavit.**

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Petitioner

Printed Name \_\_\_\_\_

Mailing Address

Phone Number \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Email Address \_\_\_\_\_