

New Jersey Domestic Violence Civil Complaint and Temporary Restraining Order							Page 1 of 4																							
<input type="checkbox"/> TRO		<input type="checkbox"/> Amended TRO						N.J.S.A. 2C:25-17 et seq.																						
<input type="checkbox"/> Superior Court, Chancery Division, Family Part,		_____ County		<input type="checkbox"/> Municipal Court of																										
Docket Number			Police Case Number																											
In the Matter of Plaintiff (Victim)						Plaintiff's Sex		Plaintiff's Date of Birth																						
						<input type="checkbox"/> Male <input type="checkbox"/> Female																								
Defendant Information		Last Name		First Name		Initial	Defendant's Sex		Race																					
							<input type="checkbox"/> Male <input type="checkbox"/> Female																							
AKA			Defendant's Social Security Number			Date of Birth		Height	Weight																					
Home Address			City		State	Zip		Eye Color																						
								Hair Color																						
Home Phone Number			Work Phone Number			Distinguishing Features (Scars, Facial Hair, Etc.)																								
Employer						Driver's License Number																								
Work Address						State		Driver's License Expiration Date																						
<p>The undersigned complains that said defendant did endanger plaintiff's life, health or well being (give specific facts regarding acts or threats of abuse and the date(s) and time(s) they occurred; specify any weapons):</p> <table style="width:100%; border: none;"> <tr> <td style="width: 40%;">ON (Date)</td> <td style="width: 20%;">AT (Time)</td> <td style="width: 40%;">BY (Details; specify any weapons)</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table>										ON (Date)	AT (Time)	BY (Details; specify any weapons)	_____	_____	_____															
ON (Date)	AT (Time)	BY (Details; specify any weapons)																												
_____	_____	_____																												
<p>which constitute(s) the following criminal offenses(s): (Check all applicable boxes. Law Enforcement Officer: Attach N.J.S.P. UCR DV1 offense report(s)):</p> <table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> Homicide</td> <td><input type="checkbox"/> Terroristic Threats</td> <td><input type="checkbox"/> Criminal Restraint</td> <td><input type="checkbox"/> Sexual Assault</td> <td><input type="checkbox"/> Lewdness</td> <td><input type="checkbox"/> Burglary</td> <td><input type="checkbox"/> Harassment</td> </tr> <tr> <td><input type="checkbox"/> Assault</td> <td><input type="checkbox"/> Kidnapping</td> <td><input type="checkbox"/> False Imprisonment</td> <td><input type="checkbox"/> Criminal Sexual Contact</td> <td><input type="checkbox"/> Criminal Mischief</td> <td><input type="checkbox"/> Criminal Trespass</td> <td><input type="checkbox"/> Stalking</td> </tr> <tr> <td><input type="checkbox"/> Criminal Coercion</td> <td><input type="checkbox"/> Robbery</td> <td><input type="checkbox"/> Contempt of a DV Order</td> <td><input type="checkbox"/> Any Other Crime Involving Risk of Death or Serious Bodily Injury</td> <td colspan="2"></td> <td><input type="checkbox"/> Cyber Harassment</td> </tr> </table>										<input type="checkbox"/> Homicide	<input type="checkbox"/> Terroristic Threats	<input type="checkbox"/> Criminal Restraint	<input type="checkbox"/> Sexual Assault	<input type="checkbox"/> Lewdness	<input type="checkbox"/> Burglary	<input type="checkbox"/> Harassment	<input type="checkbox"/> Assault	<input type="checkbox"/> Kidnapping	<input type="checkbox"/> False Imprisonment	<input type="checkbox"/> Criminal Sexual Contact	<input type="checkbox"/> Criminal Mischief	<input type="checkbox"/> Criminal Trespass	<input type="checkbox"/> Stalking	<input type="checkbox"/> Criminal Coercion	<input type="checkbox"/> Robbery	<input type="checkbox"/> Contempt of a DV Order	<input type="checkbox"/> Any Other Crime Involving Risk of Death or Serious Bodily Injury			<input type="checkbox"/> Cyber Harassment
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<p>1. Any prior history of domestic violence reported or unreported? If Yes, explain: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>																														
<p>2. Does Defendant have a criminal history? (If Yes, submit any available criminal history report) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>																														
<p>3. Any prior or pending court proceedings involving parties? (If Yes, enter docket number, court, county, state) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>																														
<p>4. Has a criminal complaint been filed in this matter? (If Yes, enter date, docket number, court, county, state) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>																														
<p>5. If Law Enforcement Officers responded to a domestic violence call: Were weapons seized? If Yes, describe: <input type="checkbox"/> Yes <input type="checkbox"/> No Was Defendant arrested? If Yes, describe: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>																														
<p>6. (A) The Plaintiff and Defendant are 18 years old or older or emancipated and are: (select one)</p> <p><input type="checkbox"/> Married / Civil Union <input type="checkbox"/> Divorced <input type="checkbox"/> Present Household Member <input type="checkbox"/> Was at Any Time a Household Member OR</p> <p>(B) The Defendant is 18 years old or older or emancipated and Plaintiff and Defendant are: (select one)</p> <p><input type="checkbox"/> Unmarried <input type="checkbox"/> Co-Parents <input type="checkbox"/> Expectant Parents <input type="checkbox"/> Plaintiff and Defendant have had a dating relationship</p>																														
<p>7. Where appropriate list children you have with the Defendant, if any (include name, sex, date of birth, person with whom child resides)</p> <table style="width:100%; border: none;"> <tr> <td style="width: 25%;">Child's Name: Last</td> <td style="width: 25%;">First</td> <td style="width: 5%;">M.I.</td> <td style="width: 5%;">Sex</td> <td style="width: 20%;">Birth Date</td> <td style="width: 20%;">Resides</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>										Child's Name: Last	First	M.I.	Sex	Birth Date	Resides															
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<p>8. The Plaintiff and Defendant: <input type="checkbox"/> Presently; <input type="checkbox"/> Previously; <input type="checkbox"/> Never: Resided Together</p> <p><input type="checkbox"/> Family Relationship: What is your relationship to the defendant? _____ (Specify)</p>																														
Certification																														
<p>I certify that the foregoing responses made by me are true. I am aware that if any of the foregoing responses made by me are willfully false, I am subject to punishment.</p>																														
_____					_____																									
Date					Signature of Plaintiff																									

Docket Number	Defendant's Name
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Part 1 - RELIEF - Instructions: Relief sought by Plaintiff

DEFENDANT:

- | TRO | FRO | TRO Granted | |
|------------------------------|--------------------------|--------------------------|---|
| 1. <input type="checkbox"/> | N/A | <input type="checkbox"/> | You are prohibited from returning to the scene of violence. |
| 2. <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | You are prohibited from future acts of domestic violence. |
| 3. <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | You are barred from the following locations: <input type="checkbox"/> Residence(s) of Plaintiff <input type="checkbox"/> Place(s) of employment of Plaintiff
<input type="checkbox"/> Other (Only list addresses known to Defendant): |
| 4. <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | You are prohibited from having any oral, written, personal, electronic, or other form of contact or communication with Plaintiff. |
| | <input type="checkbox"/> | <input type="checkbox"/> | Other(s): |
| 5. <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | You are prohibited from making or causing anyone else to make harassing communications to: Plaintiff |
| | <input type="checkbox"/> | <input type="checkbox"/> | Other(s) - Same as item 4 above or list names: |
| 6. <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | You are prohibited from stalking, following or threatening to harm, stalk or follow: Plaintiff |
| | <input type="checkbox"/> | <input type="checkbox"/> | Other(s) - Same as item 4 above or list names: |
| 7. <input type="checkbox"/> | <input type="checkbox"/> | | You must pay emergent monetary relief to (describe amount and method): |
| | <input type="checkbox"/> | <input type="checkbox"/> | Plaintiff: |
| | <input type="checkbox"/> | <input type="checkbox"/> | Dependent(s): |
| 8. <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | You must be subject to intake monitoring of conditions and restraints: |
| | <input type="checkbox"/> | <input type="checkbox"/> | Other (evaluations or treatment - describe): |
| 9. <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Psychiatric evaluation: |
| 10. <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Prohibition Against Possession of Weapons: You are prohibited from possessing any and all firearms or other weapons and must immediately surrender these firearms, weapons, permit(s) to carry, application(s) to purchase firearms and firearms purchaser ID card to the officer serving this Court Order. Failure to do so may result in your arrest and incarceration. |

PLAINTIFF:

- | | | | |
|------------------------------|--------------------------|--------------------------|--|
| 11. <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | You are granted exclusive possession of (list residence or alternate housing only if specifically known to defendant): |
| 12. <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | You are granted temporary custody of: |
| 13. <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Other relief for - Plaintiff: |
| | <input type="checkbox"/> | <input type="checkbox"/> | Other relief for - Children: |

LAW ENFORCEMENT OFFICER:

You are to accompany to scene, residence, shared place of business, other (indicate address, time, duration and purpose):

- | | | | |
|--------------------------|--------------------------|--------------------------|------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Plaintiff: |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Defendant: |

NOTICE TO DEFENDANT: A violation of any of the provisions listed in this order may constitute either civil or criminal contempt pursuant to *N.J.S.A. 2C:25-30* and may result in your arrest, prosecution, and possible incarceration, as well as an imposition of a fine or jail sentence. **Only a court can modify any of the terms or conditions of this court order.**

Docket Number	Defendant's Name
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Warrant to Search for and to Seize Weapons for Safekeeping

To any law enforcement officer having jurisdiction - this Order shall serve as a warrant to search for and to seize any issued permit to carry a firearm, application to purchase a firearm and firearms purchaser identification card issued to the defendant and the following firearm(s) or other weapon(s). Describe the weapons to be seized:

1. **You are hereby commanded** to search for the above described weapons and/or permits to carry a firearm, application to purchase a firearm and firearms purchaser identification card and to serve a copy of this Order upon the person at the premises or location described as:

2. **You are hereby ordered** in the event you seize any of the above described weapons, to give a receipt for the property so seized to the person from whom they were taken or in whose possession they were found, or in the absence of such person to have a copy of this Order together with such receipt in or upon the said structure from which the property was taken.

3. **You are authorized** to execute this Order immediately or as soon thereafter as is practicable:
 Anytime Other: _____

4. **You are further ordered**, after the execution of this Order, to promptly provide the Court with a written inventory of the property seized per this Order.

Part 2 - RELIEF - DEFENDANT:

TRO FRO TRO Granted

1. No parenting time / visitation until further ordered;
 Parenting time / visitation pursuant to _____ suspended until further order: _____
 Parenting time / visitation permitted as follows:

2. Risk assessment ordered (specify by whom, any requirements, dates):

3. You must provide compensation as follows:
 Emergent support for Plaintiff: _____
 for Dependent(s): _____
N/A Ongoing support for Plaintiff: _____
N/A for Dependent(s): _____
 Compensatory damages to Plaintiff: _____
N/A Punitive damages to Plaintiff: _____
N/A to Third Party(ies) (describe): _____
 Medical coverage for Plaintiff: _____
 for Dependent(s): _____
 Rent Mortgage payments (specify amount(s) and recipient(s)):

- You must participate in a batterers intervention program:

- You are granted temporary possession of the following personal property (describe):

Part 2 - RELIEF - PLAINTIFF:

You are granted temporary possession of the following personal property (describe):

Comments:

NOTICE TO DEFENDANT: A violation of any of the provisions listed in this order may constitute either civil or criminal contempt pursuant to *N.J.S.A. 2C:25-30* and may result in your arrest, prosecution, and possible incarceration, as well as an imposition of a fine or jail sentence. **Only a court can modify any of the terms or conditions of this court order.**

Docket Number _____	Defendant's Name _____
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Addendum:

- TRO denied.** Complaint dismissed by Family Part.
- TRO denied by Municipal Court.**
- TRO denied** by Superior Court Judge at De Novo Hearing.
- TRO granted** by Superior Court Judge at De Novo Hearing. The Court has established jurisdiction over the subject matter and the parties pursuant to *N.J.S.A. 2C:25-17 et seq.*, and has found good cause that a prima facie act of domestic violence has been established; that an immediate danger of domestic violence exists and that plaintiff's life, health and well being are endangered; that an emergency restraining Order is necessary pursuant to *R. 5:7A(b)* and *N.J.S.A. 2C:25-28* to prevent the occurrence or recurrence of domestic violence and to search for and seize firearms and other weapons as indicated in this order.
- TRO granted.** The Court has established jurisdiction over the subject matter and the parties pursuant to *N.J.S.A. 2C:25-17 et seq.*, and has found good cause that a prima facie act of domestic violence has been established; that an immediate danger of domestic violence exists and that plaintiff's life, health and well being are endangered; that an emergency restraining Order is necessary pursuant to *R. 5:7A(b)* and *N.J.S.A. 2C:25-28* to prevent the occurrence or recurrence of domestic violence and to search for and seize firearms and other weapons as indicated in this order.

Date/Time _____	<input type="checkbox"/> Via Telecommunications	Hearing Officer _____	
Date/Time _____	<input type="checkbox"/> Via Telecommunications	Honorable Municipal Court Judge _____	Court / County _____
Date/Time _____	<input type="checkbox"/> Via Telecommunications	Honorable Superior Court Judge _____	Court / County _____

All Law Enforcement Officers Will Serve and Fully Enforce This Order

This *ex parte* Domestic Violence Complaint and Temporary Restraining Order meets the criteria of the federal Violence Against Women Act for enforcement outside of the State of New Jersey upon verification of service of defendant. 18 U.S.C.A. 2265 & 2266

This Order Shall Remain in Effect Until Further Order of the Court and Service of Said Order on the Defendant.

Notice to Appear to Plaintiff and Defendant

1. Both the plaintiff and defendant are ordered to appear for a final hearing on (date) _____ at (time) _____ at the Superior Court, Chancery Division, Family Part, _____ County, located at (address) _____

Note: You must bring financial information including pay stubs, insurance information, bills and mortgage receipts with you to Court.

2. The final hearing in this matter shall not be scheduled until: _____

3. Interpreter needed. Language: _____

Upon satisfaction of the above-noted conditions notify the Court immediately so that a final hearing date may be set.

IMPORTANT: The parties cannot themselves change the terms of this Order on their own. This Order may only be changed or dismissed by the Superior Court. The named defendant cannot have any contact with the plaintiff without permission of the Court.

Notice to Defendant

A violation of any of the provisions listed in this Order or a failure to comply with the directive to surrender all weapons, firearm permits, applications or identification cards may constitute criminal contempt pursuant to *N.J.S.A. 2C:29-9(b)*, and may also constitute violations of other state and federal laws which may result in your arrest and/or criminal prosecution. This may result in a jail sentence.

You have the right to immediately file an appeal of this temporary Order before the Superior Court, Chancery Division, Family Part, as indicated above and a hearing may be scheduled.

Return of Service

Plaintiff was given a copy of the Complaint / TRO by:

_____	_____	_____
Print Name	Time and Date	Signature / Badge Number / Department

I hereby certify that I served the within Complaint / TRO by delivering a copy to the Defendant personally:

_____	_____	_____
Print Name	Time and Date	Signature / Badge Number / Department

I hereby certify that I served the within Complaint / TRO by use of substituted service as follows:

_____	_____	_____
Print Name	Time and Date	Signature / Badge Number / Department

Defendant could not be served (explain): _____

_____	_____	_____
Print Name	Time and Date	Signature / Badge Number / Department



The Courthouse is accessible to those with disabilities. Please notify the Court if you require assistance.



Distribution: Family Part, Plaintiff, Defendant, Sheriff, Other _____