

PETITION FOR EX PARTE TEMPORARY RESTRAINING ORDER AND FOR INJUNCTION AGAINST HARASSMENT; DECLARATION OF PETITIONER; TEMPORARY RESTRAINING ORDER AGAINST HARASSMENT; AND NOTICE OF HEARING

SAMPLE
Pg. 1

IN THE DISTRICT COURT OF THE THIRD CIRCUIT
DIVISION

STATE OF HAWAI'I

Petitioner(s)

YOUR NAME

Reserved for Court Use

Civil No.

Respondent(s) (if known, list Address, Telephone, DOB and SSN for each respondent)

ALLEGED ABUSER
(OTHER PARTY)

Petitioner(s)/Petitioner(s)' Attorney (Name, Attorney Number, Firm Name (if applicable), Address, Telephone and Facsimile Numbers)

YOUR ATTORNEY'S INFO
YOUR ADDRESS/PHONE

PETITION FOR EX PARTE TEMPORARY RESTRAINING ORDER AD FOR INJUNCTION AGAINST HARASSMENT

This Petition is made pursuant to Hawai'i Revised Statutes section §604-10.5 and the following statement:

1. The Petitioner(s) is a resident(s) of the Division of the above District and Circuit, State of Hawai'i.
2. Based upon the attached Declaration of Petitioner(s), Petitioner(s) ask(s) for
 - a. An ex parte temporary restraining order not to exceed a period of ninety (90) days for protection enjoining Respondent(s) and any other person(s) acting on Respondent(s)' behalf from:
 - contacting, threatening, or physically harming
 - Petitioner(s) Any person(s) residing at Petitioner(s) residence
 - telephoning the Petitioner(s)
 - entering or visiting Petitioner(s)' residence, including yard and garage and place of employment.
 - b. An order of an Injunction not to exceed a period of three (3) years, enjoining Respondent(s) and any other person(s) acting on Respondent(s)' behalf from committing those acts set forth in paragraph 2a. hereof.
 - c. An order prohibiting Respondent(s) from owning or possessing firearm(s) and/or ammunition.
 - d. An order awarding reasonable attorney's fees and costs to Petitioner(s) and such further relief as the Court deems just and appropriate.

DATE YOU SIGNED
Date:

Signature of Petitioner(s):
Print/Type Name(s): PRINT & SIGN YOUR NAME (& OTHERS)

I certify that this is a full, true and correct copy of the original on file in this office.

Clerk, District Court of the Above Circuit, State of Hawai'i

DECLARATION OF PETITIONER(S)

Petitioner(s) states the following is true:

- Recent or past act(s) of harassment occurred; and/or
 - Threats of harassment make it probable that acts of harassment may occur soon.
- Respondent(s) own; possess, or intend to obtain or possess
- firearm(s) and or ammunition that may be used to threaten or injure Petitioner(s).

SAMPLE Pg. 2

Describe the firearm(s)/ammunition: _____

Location of the firearm(s)/ammunition: _____

Date last seen: _____

Street address/specific location where last seen: _____

(Explain in detail recent or past acts or threats of harassment, using additional sheets, if necessary. Please include dates of events.)

DESCRIBE INCIDENTS LEADING TO YOUR NEED TO FILE A TRO

- Unless Respondent(s)' wrongful conduct is stopped or prevented by order of the Court, Petitioner(s) will suffer substantial emotional distress.

I have read the Petition and Declaration, know their contents, and verify that the statements contained therein are true to my personal knowledge and belief.

I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF HAWAI'I THAT THE FACTS AND CIRCUMSTANCES STATED IN THE PETITION AND DECLARATION ARE TRUE AND CORRECT.

Date:

DATE YOU SIGNED

Signature of Petitioner(s):

Print/Type Name:

PRINT & SIGN YOUR NAME & OTHERS

RETURN OF SERVICE; ACKNOWLEDGMENT OF SERVICE

Form #3DC47

IN THE DISTRICT COURT OF THE THIRD CIRCUIT

DIVISION

STATE OF HAWAI'I

**SAMPLE
Pg.1**

Plaintiff(s)

YOUR NAME

Division
where
petitioner
lives

Reserved for Court Use
Court Date:

Civil No.

Defendant(s)

**ALLEGED ABUSER
(OTHER PARTY)**

Requestor(s)/Requestor(s)' Attorney (Name, Attorney Number,
Firm Name (if applicable), Address, Telephone and Facsimile
Numbers)

**YOUR'S & YOUR ATTORNEY'S
NAME / ADDRESS / PHONE**

DOCUMENT(S) SERVED:

LIST DOCUMENTS

NAME OF PARTY SERVED:

ADDRESS WHERE SERVED:

DATE SERVED:

MILEAGE: \$

TIME OF SERVICE:

NUMBER OF MILES TRAVELED:

FULL OR PARTIAL RETURN OF SERVICE

I have read this Return of Service, know the contents and verify that the statements are true to my personal knowledge and belief. I
**DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF HAWAI'I THAT THE FOLLOWING IS
TRUE AND CORRECT:**

I, Deputy Sheriff, or Police Officer of the State of Hawai'i, or person who is not a party and is not less than 18 years of age, do certify
that I received a certified copy of the documents listed above and that I served same on the Party Served above on the Date and Time of Service
and at the Address listed above within the State of Hawai'i as listed on the reverse:

(continued on reverse side)

Signature:

Print/Type Name:

Print/Type Address, Telephone and Facsimile Numbers:

ROS 2XX (Amended 4/18/97)v
3D-P-297
Reprographics (10/09)3D

I certify that this is a full, true, and correct
copy of the original on file in this office.

Clerk, District Court of the above Circuit, State of Hawai'i

FULL OR PARTIAL RETURN OF SERVICE (continued)

PERSONAL: By delivering to and leaving with _____, personally.

SUBSTITUTE: [District Court Rules of Civil Procedure 4(d)(1)(i)] After due and diligent search and inquiry, I served the named party through _____

_____ a person of suitable age and discretion then residing at said party's usual place of abode, since the party could not be found.

SUBSTITUTE: [District Court Rules of Civil Procedure 4(d)(1)(ii)] I served the named party through _____ authorized agent to receive service of process for said party.

BUSINESS/CORPORATION/GOVERNMENTAL ENTITY: I served (name of business/corporation/entity) _____ through _____, who is the (position/title)

_____ and who is the authorized agent to accept service for said Business/Corporation/Governmental Entity.

GARNISHMENT: I served (Name of Garnishee) _____ through _____, who is the (position/title)

_____ and who is authorized to accept service for the above-named garnishee.

NOT FOUND: After due and diligent search and inquiry, I am unable to find the party named above.

Special Circumstances:

ACKNOWLEDGMENT OF SERVICE

Signature of Person served:

Print/Type Name:

In accordance with the **Americans with Disabilities Act** if you require an accommodation or assistance, please contact the ADA Coordinator at PHONE NO. 961-7424, FAX 961-7411, or TTY 961-7422 at least ten (10) working days in advance of your hearing or appointment date.

RETURN OF SERVICE MUST BE FILED NO LATER THAN 24 HOURS (EXCLUDING SATURDAY, SUNDAY AND LEGAL HOLIDAYS) PRIOR TO THE RETURN DATE AT 777 KILAUEA AVENUE, HILO, HAWAI'I 96720 79-1020 HAUKAPILA STREET, KEALAKEKUA, HAWAI'I 96750 67-5187 KAMAMALU STREET, KAMUELA, HAWAI'I 96743

HOW TO GET A DISTRICT COURT PROTECTIVE ORDER



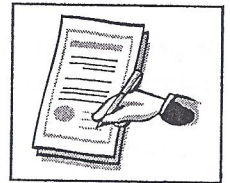
Temporary Restraining Orders (TRO's) are issued by the District Court when the Court determines there has been a pattern of harassment including: physical/sexual violence, threats of violence, malicious property damage, psychological abuse, stalking and/or repeated unwanted contact.

If you are not related to the person who is abusing you and you have never lived together, go to the District Court (Hilo, Waimea, or Kona) to file a Request For A TRO. You can apply for a TRO between 7:45 am and 4:00 p.m., Monday through Friday, except for holidays. No appointment is necessary.

KONA/KAU DISTRICT COURT	322-8700
SOUTH/NORTH KOHALA, HAMAKUA	443-2030
HILO/PUNA	961-7470

FILLING OUT THE FORMS

A clerk will assist you with the proper forms. You will be the "Petitioner"; the alleged abuser is called the "Respondent". If the TRO is granted, the Respondent will receive a copy. If you are afraid for the Respondent to know your address or telephone number, explain that to the clerk. **It is possible to let the court know how to reach you, without the Respondent knowing where you are.**



The petition should contain the dates of the abuse and specifics regarding violence or threats of violence. Describe the physical and psychological abuse, the verbal threats and the property damage. You can include medical records, police reports or other documents about the abuse. If the Respondent possesses or has threatened you with guns, be sure to include that information on the petition. **Failure to provide a detailed statement may result in the petition being denied. You must also call the District Court office to check if your petition was approved or denied.**

If you are 17 or younger, one of your parents or a legal guardian needs to come in to file for the TRO. If the alleged abuser is a minor, the abuser's parent or legal guardian should be named as the Respondent on the abuser's behalf. If you cannot have a parent or guardian come with you, explain why in your petition. If you are an "emancipated minor", you can file a petition in your name along with sufficient written proof of your emancipation.

After the judge reviews your request and grants it, a TRO/Injunction hearing will be scheduled in 15 days. The clerk will give you the hearing date and time, which will appear on the TRO. You do not need to have an attorney at the hearing, but you may want one, especially if you think the Respondent will obtain legal counsel.

There is a **non-refundable filing fee of \$15.00 for the TRO, which can be waived in exceptional circumstances.** Personal checks are accepted. Ask the clerk to "conform" all copies.

SERVICE OF THE TRO TO THE RESPONDENT

Request an extra copy of the petition and two copies of the "Return of Service".

You may contact a Civil Deputy. The Civil Deputy or anyone over the age of 18 and not a party to this proceedings, may "serve" or give a copy of the TRO to the Respondent. Give the Civil Deputy the exact address where the Respondent can be located and the times you would expect the Respondent to be there. There is a service charge and a charge for the Civil Deputy's mileage.

Your TRO is not officially in effect until the Respondent receives a copy.

AFTER SERVICE MADE TO RESPONDENT

Your TRO orders the Respondent not to contact you. While the TRO is in effect, there should be no contact either by the Respondent or by anyone acting on the Respondent's behalf. Report violations to the police immediately. If you initiate or invite contact with the Respondent, your TRO is still valid but this may invite problems and the court and police may question your actions. **Keep a copy of your TRO with you at all times.**

TRO/INJUNCTION HEARING

The TRO hearing is where the judge decides whether or not to extend the TRO beyond 15 days. The judge may issue an extension up to three years. The Respondent will be ordered by the court to appear. You must appear for this hearing, whether or not the Respondent has been served, or your petition will be dismissed. **Please bring with you your copy of the TRO.**

At the hearing, the Respondent will have the chance to defend against the claims you have made.

Be prepared to present clear and convincing testimony and/or other evidence about the abuse, harassment and/or violence.

You can bring witnesses, personal records, medical and police reports. Also tell the judge about any TRO violations that occurred after the Respondent was served.

If the Respondent is not at the hearing and was not served, ask the judge to temporarily extend the TRO and get a new hearing date. Give your original TRO to the clerk so your TRO is officially extended to the new hearing date. Then, take a copy of the new TRO to the sheriff's office, like before, so the sheriff can serve the Respondent with the TRO showing the new hearing date.

If the Respondent was served and did not show at the hearing, the judge may issue an Injunction for up to three years. The Injunction is not effective until it has been served. The court will give you two copies, one to keep and the other to take to the sheriff's office so the Respondent can be served. You will have to pay service and mileage fees again, so come prepared.

If, after the hearing, an Injunction is ordered to replace the TRO, stay in the courtroom until the court gives you and the Respondent certified copies of the new order. Again, keep a copy of the Injunction with you at all times and report violations to the police immediately. Remember, a TRO or Injunction does not necessarily make you safe. **You should always plan carefully for your own safety.**

Telephone Numbers (non-profit or public agencies):

Police emergency	911	
Big Island Crisis & Help Line	969-9111	
Child & Family Service – Domestic Abuse Shelter	959-8864 Hilo	322-2799 Kona
Kapiolani Child Protective Services	329-4020 Kona	
Alternatives To Violence	969-7798 Hilo	323-2664 Kona
Legal Aid Society of Hawaii	934-0678 Hilo	329-8331 Kona
Office of the Prosecuting Attorney	961-0466 Hilo	322-2552 Kona
Sexual Assault Support Services Crisis Line	935-0677 Hilo	334-0308 Kona
Child Protective Services	933-0650 Hilo	327-4787 Kona

PLEASE CHECK THE TELEPHONE DIRECTORY AS NUMBERS MAY HAVE CHANGED SINCE THIS PRINTING.