

GENERAL INSTRUCTIONS FOR THOSE SEEKING
A PROTECTION FROM STALKING OR SEXUAL ASSAULT ORDER

NOTICE

The protection from stalking process is designed to provide quick and immediate protection. However, the process may require time, expertise, or more than one hearing. If you have questions, you should seek help from an attorney or victim services advocate. The Kansas Crisis Hotline (1-888-363-2287) or Kansas Legal Services (1-800-723-6953) may be able to help you find an attorney or advocate.

These are basic forms and they do not cover every situation. The Clerk of the District Court cannot help you with these forms. The clerk cannot give legal advice to you or tell you about your rights or responsibilities. The clerk can only provide very limited information about the protection order process. You can find more information about protection from stalking at <http://www.kcsdv.org/learn-more/stalking.html>.

1. You may seek a protection from stalking or sexual assault order:
 - a. For yourself; or,
 - b. For your minor child; or,
 - c. For a minor child who resides with you.

2. Stalking or sexual assault must have occurred against each person for whom protection is sought.

“Stalking” is an intentional harassment of another person that places the other person in reasonable fear for that person’s safety.

“Sexual assault” is (1) a nonconsensual sexual act; or (2) an attempted sexual act against another by force, threat of force, duress or when the person is incapable of giving consent.

“Harassment” is a knowing and intentional course of conduct directed at a specific person that seriously alarms, annoys, torments or terrorizes the person and that serves no legitimate purpose.

“Course of conduct” is conduct consisting of two or more separate acts over a period of time, however short, that show a continuity of purpose which would cause a reasonable person to suffer substantial emotional distress.

3. You may file a Petition for Protection from Stalking or Sexual Assault Order in any district court. In addition, you must complete the Protection from Stalking or Sexual Assault Confidential Address Form and include it with your petition.
4. You must notify the defendant by personal service that you have filed a Petition for a Protection from Stalking or Sexual Assault Order. To obtain personal service, you must fill out a Request for Service form, requesting that the sheriff deliver the Petition for Protection from Stalking or Sexual Assault to the defendant.

5. If the defendant is a minor, you must complete the Minor Defendant Addendum. Petitions, motions and temporary protection from stalking orders filed against a minor defendant must be served by serving the minor **and**:
 - a. The minor's guardian or conservator, if any; **or**,
 - b. The minor's father or mother; **or**,
 - c. A person having the minor's care or control; **or**,
 - d. A person with whom the minor resides.

If service cannot be made upon any of these people, then service may be obtained as provided by order of the judge.

6. You should be available to testify at future hearings as set by the judge. If you fail to appear, the case may be dismissed. You are the one requesting the protective order, and you must convince your judge of what you claimed to be true. You may bring other evidence and call additional witnesses in support of your claim.
7. A Final Protection from Stalking or Sexual Assault Order will expire after one year or on the date stated in the order, unless you request an extension or modification from the court. You may request that the court extend an order for one additional year, or longer under certain circumstances. If the defendant has violated a valid protection order or been convicted of a person felony against you or a member of your household, you may request the court extend the order for at least two years or up to the lifetime of the defendant. A request to extend an order for more than one year must be personally served on the defendant and the court must hold a hearing where the defendant may appear, present evidence, and question witnesses.

IN THE DISTRICT COURT OF _____ COUNTY, KANSAS

_____, Plaintiff

vs.

Case No. _____

_____, Defendant

PROTECTION FROM STALKING OR SEXUAL ASSAULT CONFIDENTIAL

ADDRESS FORM

(K.S.A. 60-31a04(e))

NOTE: THIS FORM WILL BE SHOWN ONLY TO AUTHORIZED COURT OR LAW ENFORCEMENT PERSONNEL. THIS FORM WILL NOT BE DISCLOSED TO THE PUBLIC OR TO THE DEFENDANT. IT IS THE PLAINTIFF'S RESPONSIBILITY TO NOTIFY THE COURT OF ANY CHANGE IN ADDRESS OR TELEPHONE NUMBER.

Name of Plaintiff: _____

Confidential Address:

Street _____

City _____ State _____ Zip Code _____

Phone Number _____

Plaintiff

vs.

Case No. _____

Defendant

Div. No. _____

PERSONAL AND SERVICE DATA SHEET

The purpose of this document is to provide the Sheriff's Department with the necessary information to effect service on Defendant and to provide essential information for the safety of the Sheriff's Deputy. This document is for the Court and Sheriff's use only and will not be part of the packet served to Defendant. All information on this document is treated as confidential.

PRINT CLEARLY. ITEMS MARKED WITH AN ASTERISK * ARE REQUIRED.

PLAINTIFF'S INFORMATION (YOU)

*Plaintiff's Name: _____

*Plaintiff's Address: _____

*Phone Number where Plaintiff can be contacted: _____

*Email address where Clerk will email Plaintiff a copy of judge's decision:

Physical Description of PLAINTIFF (You)

Race: _____ Sex: _____ Date of Birth: _____ Height: _____

Weight: _____ Eyes: _____ Hair: _____

Minor Children to be protected (If applicable):

Name: _____ Sex: _____ Date of Birth: _____

Same address: Yes / No

Name: _____ Sex: _____ Date of Birth: _____

Same address: Yes / No

Name: _____ Sex: _____ Date of Birth: _____

Same address: Yes / No

Name: _____ Sex: _____ Date of Birth: _____

Same address: Yes / No

Ask the Clerk if you need additional pages for other children to be included.

DEFENDANT'S INFORMATION

*Defendant's First and Last Name: _____

*Defendant's Date of Birth: _____

Other name(s) Defendant may go by/be known as: _____

Defendant's Social Security Number (if known): _____

Name of Defendant's Employer: _____

Defendant's Work Hours: _____

Does Defendant require an interpreter? ☐ Yes ☐ No. If so, what language? _____

Physical Description of **Defendant**: (Please attach current photo if available)

Race: _____ Sex: _____ Height: _____ Weight: _____ Hair: _____

Eye Color: _____ Other Identifying Characteristics (i.e. scars, tattoos, glasses, etc.):

Description of Defendant's Vehicle: _____

Places Defendant is likely to be found: _____

Has Defendant been arrested? ☐ Yes ☐ No If so, why? _____

Does Defendant own any weapons? ☐ Yes ☐ No If so, what kinds? _____

Does Defendant have a history of drug or alcohol abuse? ☐ Yes ☐ No

If so, please explain: _____

Does Defendant have a history of domestic violence? ☐ Yes ☐ No

If so, please explain: _____

Does Defendant have a history of mental illness? ☐ Yes ☐ No

If so, please explain: _____

*The defendant can be found at: (give all available addresses)

HOME:

Street _____

City _____ State _____ Zip Code _____

Phone number _____

Times when defendant is usually there _____

WORK or OTHER (circle one):

Street _____

City _____ State _____ Zip Code _____

Phone number _____

Times when defendant is usually there _____

IN THE DISTRICT COURT OF DOUGLAS COUNTY, KANSAS

_____,
Plaintiff

vs.

Case No. _____

_____,
Defendant

Petition Pursuant to K.S.A. Chapter 60

PETITION FOR PROTECTION FROM STALKING OR SEXUAL ASSAULT ORDER

(K.S.A. 60-31a01 *et seq.*)

1. Plaintiff seeks an order for protection from stalking or sexual assault for:
☐ myself; or
☐ my minor child (under age 18); or
☐ a minor child who lives with me.
2. The minor child for whom Plaintiff seeks protection is: (give full name and year of birth)

NAME _____	YOB _____
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3. Defendant, _____ (name), can be served at:
(please provide all available addresses)

HOME: street _____ city _____
state _____ zip code _____ phone number _____
times when defendant is usually there _____

WORK: street _____ city _____
state _____ zip code _____ phone number _____
times when defendant is usually there _____

OTHER: street _____ city _____
state _____ zip code _____ phone number _____
times when defendant is usually there _____
4. If the defendant is known to be a minor, a Minor Defendant Addendum is attached.

5. Please list for the court if the Plaintiff or any of the previously named individuals are involved in any other related filings or pending cases.

6. ☐ Describe the incidents of stalking. Include specific facts, dates and locations:
Incident #1: _____

Incident #2: _____

Additional Incident(s), if any:

OR

☐ Describe the incident of sexual assault. Include specific facts, dates and locations:

(Attach additional pages as needed.)

7. Plaintiff needs a protection from stalking or sexual assault order because: _____

8. Plaintiff requests that the court issue an ex parte Temporary Order of Protection and Final Order of Protection restraining defendant from:

☐ abusing, molesting or interfering with the privacy or rights of the protected person.

☐ following, harassing, telephoning, contacting or otherwise communicating with the protected person.

☐ committing or attempting to commit a sexual assault upon the protected person.

☐ entering or coming on or around the premises or the residence of the protected person located at: _____,

and the workplace located at: _____.

(Give address or other description of residence and workplace from which Defendant is to be excluded. DO NOT include the residential address if it is to remain confidential.)

9. The court should give copies of orders to the appropriate law enforcement agencies; set a date, time and hearing on this matter; and issue summons to Defendant, notifying Defendant of this action and the relief requested.

10. After a hearing, the court should issue a Final Order of Protection from Stalking or Sexual Assault prohibiting Defendant from committing any acts of stalking or sexual assault against the protected person; order Defendant to pay court costs and attorney fees if appropriate; and order any other relief necessary for the safety of the protected person including:

VERIFICATION

I verify under penalty of perjury under the laws of the state of Kansas that the foregoing is true and correct. Executed on _____, 20__.

Plaintiff's Signature

Plaintiff's Name: _____

(Plaintiff's address is to remain confidential. DO NOT include the residential address of the Plaintiff in this petition. Plaintiff must complete the Protection from Stalking or Sexual Assault Confidential Address form and include it with this petition.)

Attorney representing Plaintiff (if any)
Attorney's Name: _____
Address 1: _____
Address 2: _____
City, State, Zip: _____
Telephone: _____