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| |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | |  |  | | --- | --- | | **Order of Protection for Elderly or Vulnerable Adult**  **Pursuant to T.C.A. §71-6-124**  🞏 **Amended Order**  In the Court of County, TN | Case # *(the clerk fills this in):* |  |  | | --- | | **Petitioner (person needing protection):**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_**  *first middle last*  **Check if Applicable:**  **🞏**This request is being made by a relative of the Petitioner pursuant to TCA §71-6-124(a)(1)(A)  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **🞏**This request is being made by Conservator of the Petitioner pursuant to TCA §71-6-124(a)(1)(A)  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **🞏**This request is being made by agent of the Tennessee Commission on Aging and Disability (TCAD) pursuant to TCA §71-6-124(a)(1)(A)  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **🞏**This request is being made by a designated agency or assignee of the relative, or the Conservator of th Petitioner or by TCAD pursuant to TCA §71-6-124(a)(1)(A)  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Agency or Assignee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **🞏**This request is being made by Attorney Ad Litem of the Petitioner pursuant to TCA §71-6-124(a)(1)(A)  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ BPR #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **🞏**This request is being made by a law enforcement officer pursuant to TCA §71-6-124  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Law Enforcement Agency:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | **Respondent’s Information** *(person you want to be protected from):*    *first middle last date of birth (MM/DD/YYYY)*    *street address city state zip*  Respondent’s Employer:  *Employer’s name Employer’s phone #*  **Describe Respondent:** | | | | | | | | | | Sex | Race | Hair | Eyes | Height – Weight – SSN – Other | | | | | 🞏 Male  🞏 Female | 🞏 White  🞏 Asian  🞏 Black  🞏 Hispanic  🞏 Other: | 🞏 Black  🞏 Grey  🞏 Blond  🞏 Bald  🞏 Brown  🞏 Other: | 🞏 Brown  🞏 Hazel  🞏 Blue  🞏 Green  🞏 Grey  🞏 Other: | Height |  | Weight |  | | Social Sec. #  (If known) | (Provided to Clerk’s office if known) **Do not list it here. XXXXX** | | | | Scars/Special Features |  | | | | Phone Number |  | | | |

**Findings About Abuse:**

***Warning!***   
🞏 Weapon involved

Type (Firearm, Knife, etc):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. The Court has jurisdiction over the parties and this case. The Respondent

was given reasonable notice of the hearing and an opportunity to be heard.

1. Based on the information in the *Petition,* and the hearing held, the court finds that the Respondent:

🞏 Did the things listed in the Petition and the court adopts these as facts and incorporates them by reference, AND/OR

🞏 Did the following things:

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

\_\_\_

AND there is credible evidence that Respondent is a threat to the safety of the Petitioner.

1. Respondent has specifically: *(check all that apply):*

🞏 Abused/Threatened to Abuse

🞏 Sexually Exploited

🞏 Stalked

🞏 Financially neglected/exploited

🞏 Neglected

**Findings About Firearms:**

**The Respondent** *(check all that apply):*

🞏 Has no firearms

🞏 Has firearms that he/she must give to someone else who is allowed to have them (TCA § 36-3-625).

🞏 Has firearms that are registered under the National Firearms Act and must be either transferred to a responsible third party, or locked in a safe or other secure container to which the Respondent does not have access. A state or federal agency must give its approval before the firearms are turned in.

🞏 Has a federal firearms license (FFL) or is a responsible party under an FFL, and has firearms under that FFL that qualify as business inventory, and *(check one):*

🞎 There is **no** responsible party listed on the FFL other than the Respondent in this case. The Respondent must turn in or transfer all firearms inventory under his/her control to a separate FFL holder who is legally allowed to have firearms.

🞎 There **is** another responsible party listed on the FFL other than the Respondent in this case.

This Order does not require the Respondent to turn in or transfer the firearms inventory.

**Other Findings:**

🞎 Petitioner is a party to a lease or rental agreement and that continuing to reside in the rented or leased

premises may jeopardize the life, health and safety of the petitioner or the petitioner’s children.

***The Court orders Respondent to:***

🗹 Obey all orders on this form.

🗹 Not abuse or threaten to abuse Petitioner.

🗹 Not stalk or threaten to stalk Petitioner.

**Other Orders to the Respondent** *(Check all that apply):*

🞏 **No Contact**

You must not come about the Petitioner (including coming by or to a shared residence) for any purpose and must not contact

🞏 Petitioner either directly or indirectly, by phone, email, messages, text messages, mail or any other type of communication or contact.

🞏 **Personal Conduct –**

🞎 You must not cause intentional damage to the Petitioner’s property or interfere with the utilities at their home(s). (unless transfer of utilities must be made and only after a reasonable notice period).

🞎 You must not hurt or threaten to hurt any animals owned or kept by the Petitioner.

🞎 **Control of all Types of Property**

□ Petitioner only □ and/or Petitioner’s children are the only ones who can live in the property at:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(address)*

🞏 You must move out immediately from *(address): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

🞏 Only the Petitioner can use, control, and possess the following property, things, and animals:

🞎 If the parties shared a residence, Respondent can obtain his/her clothing and personal effects such

as medicine as follows: (List items to be obtained and process as approved by local law enforcement personnel): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

🞏  **Relinquish all rights to the Petitioner’s bank accounts, real estate and other financial benefits.**

🞏 **Do not threaten to misappropriate or further misappropriate any monies, state or federal benefits, retirement funds, or any other personal or real property belonging to the Petitioner;**

🞏 **To return to the Petitioner, the Petitioner’s caretaker, conservator, or other fiduciary any monies, state or federal benefits, retirement funds, or any other personal or real property belonging to the Petitioner obtained by the Respondent as a result of exploitation of the Petitioner or as a result of any other misappropriation of such funds or property of the Petitioner by the Respondent.**

**🞏 To not provide care for the Petitioner or work in any situation involving the care of the Petitioner**

**🞏 Costs, fees and litigation taxes**

You must pay all court costs (Petitioner’s costs and your costs), lawyer fees, and other fees or taxes related to this case.

**🞏 Other Orders:**

**🞏**

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

**This Order takes effect immediately upon signing.**

|  |
| --- |
| **This Order starts today,** *(date)*:  *.* **This Order ends** *(date)*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 🞏 In 1 year. (The Petitioner may ask to extend the Order) 🞏 In 5 years(1st violation of current PO)  🞏 In 10 years(2nd or more violation of current PO) |

🞏 a.m.  
🞏 p.m.

**Date: Time:**

**Signature of Judge or Chancellor**

|  |  |
| --- | --- |
| **Certificate of Service – Respondent** *(check one):*  🞏 Signed by Respondent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  🞏 Signed by Respondent’s counsel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  🞏 Hand delivered to Respondent.  🞏 Hand delivered to Respondent’s counsel.  🞏 U.S. mail, prepaid postage to Respondent’s last known address  🞏 U.S. mail, prepaid postage to Respondent's counsel’s last known address  🞎 Reasonable attempts to find the Respondent’s address were made, but there is no known address at this time.  Signature of Server:  Server’s title *(check one):* 🞏 Clerk 🞏 Deputy Clerk  🞏 Authorized Officer 🞏 Attorney  Service was made on:  Date: *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 a.m. 🞏 p.m. | **Certificate of Service – Petitioner** *(check one):*  🞏 Signed by Petitioner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  🞏 Signed by Petitioner’s counsel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  🞏 Hand delivered to Petitioner.  🞏 Hand delivered to Petitioner’s counsel.  🞏 U.S. mail, prepaid postage to Petitioner's last known address.  🞏 U.S. mail, prepaid postage to Petitioner’s counsel’s last known address.  🞎 Reasonable attempts to find the Petitioner’s address were made, but there is no known address at this time.  Signature of Server:  Server’s title *(check one):* 🞏 Clerk 🞏 Deputy Clerk  🞏 Authorized Officer 🞏 Attorney  Service was made on:  Date: *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*.  Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 a.m 🞏 p.m. |

**🞏 The Clerk certifies a copy of this Order was forwarded to 911, local law enforcement, and any court in which the respondent and petitioner are parties to an action.**

**Warnings to Respondent:**

**This Order is valid everywhere in the U.S.**

If you travel to another state, territory or tribal land, with the intention of disobeying this Order, you can be charged with a federal crime. The courts of any U.S. state, the District of Columbia, all tribal lands, and U.S. territories, must enforce this Order, even if the Order is not registered. (18 U.S.C. §§ 2262, 2265)

**You will face separate charges if you disobey this Order**

You may face separate, criminal contempt charges and/or civil penalties if:

* You disobey this Order on purpose (TCA § 36-3-610).

The penalty for each violation is **up to 10 days in jail and a $10 or $50 fine** (TCA § 29-9-103).

* You may also have to pay a civil penalty of up to $50 for each violation (TCA § 36-3-610).

You may face separate, Class A misdemeanor charges if:

* You violate this Order (Public Chapter No. 422, effective July 1, 2019).

A violation is punishable by **up to** **11 months and 29 days in jail and a fine of not less than $100**

**nor more than $2500 for each violation.**

You may face separate, Class C felony charges if:

* You hurt or try to hurt anyone while this Order, probation, or diversion is in effect; you may face charges for aggravated assault (TCA §§ 36-3-610, 39-13-102(c)).

The penalty for each violation is **not less than 3 years nor more than 15 years and a fine of up to**

**$10,000** (TCA § 40-35-111(b)(3)).

**Only the Court can change this Order:**

Neither you nor the Petitioner can agree to change this Order. Even if the Petitioner attempts to contact you or agrees to have contact with you, you must obey this Order. If you do not, you can be jailed for **up to 11 months and 29 days and fined up to $2,500**.

**To the Petitioner:**

You may ask any government agency or utility provider to keep private any information that could be used to locate you, such as addresses, phone numbers, and/or social security number. To do so, give a copy of this Protective Order to the Records Department of the agency or utility.*(TCA § 10-7-504(a)(15-16))*