

# In The Superior Court of the State of Delaware

## PETITION FOR A SEXUAL VIOLENCE PROTECTIVE ORDER

*Petitioner*

*v. Respondent*

Name		Name		Case Number
Telephone Number	Date of Birth	Telephone Number	Date of Birth	
Street Address (including Apt)    Confidential <input type="checkbox"/>		Street Address (including Apt)		Date
P.O. Box Number		P.O. Box Number		
City/State/Zip Code		City/State/Zip Code		Emergency Hearing Approved
Email Address		Email Address		<input type="checkbox"/> Yes <input type="checkbox"/> No
Attorney Name		Attorney Name		Guardian Ad Litem Appointed
Interpreter Needed <input type="checkbox"/> Yes <input type="checkbox"/> No		Interpreter Needed <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Language:		Language:		

I, Name of Petitioner or Guardian, respectfully request that this Court issue a Sexual Violence Protective Order against the Respondent, pursuant to 10 *Del. C.* § 7204 (Emergency Sexual Violence Protective Order) or § 7205:

- ☐ On behalf of myself.
- ☐ On behalf of the below listed minor child(ren) of whom I am a custodial parent, or guardian.
- ☐ On behalf of the below listed vulnerable adult, as defined by 11 *Del. C.* § 1105(c), for whom I am guardian.
- ☐ On behalf of the below listed adult who is not a vulnerable adult, as defined by 11 *Del. C.* § 1105 (c), but who is unable to file the petition on his or her own because of age, disability, health, or inaccessibility.

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Name	Address	Age
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\*\*\*DO NOT LIST ADDRESS ON PETITION IF REQUESTING A CONFIDENTIAL ADDRESS\*\*\*

Please indicate the type of order being requested:

- ☐ An **EMERGENCY** Sexual Violence Protective Order (10 *Del. C.* § 7204).
- ☐ A **NON-EMERGENCY** Sexual Violence Protective Order (10 *Del. C.* § 7205).
- ☐ An Order **RENEWING** an existing Sexual Violence Protective Order (10 *Del. C.* § 7206).

In which county did the conduct occur?

- ☐ New Castle County
         
 ☐ Kent County
         
 ☐ Sussex County

Please respond to the following items if you are requesting an **Emergency Sexual Violence Protective Order**.

(Petition will be heard within 72 hours)

- a. Provide specific statements or actions made during or after the sexual conduct or penetration. Include the date of the occurrence which causes you to have a reasonable fear that the Respondent will subject you (or the person designated above) to future harm. If the statements or actions prompting you to seek this order occurred more than 1 year before this petition is filed, you must allege which statutory tolling provision you believe is applicable to permit the Court to consider this petition. (Tolling provisions set forth in 10 *Del. C.* § 7203(k) and in # 4 below).

- b. Do you believe that the Respondent poses an immediate and present danger of causing the Petitioner, or the person designated above, physical injury?

☐ Yes

☐ No

If yes, please explain how the Respondent poses an immediate and present danger of causing physical injury to you or the person designated above?

Are you asking the Court to appoint a Guardian Ad Litem?

☐ Yes

☐ No

If yes, please explain why a Guardian Ad Litem is requested.

**In support of this Petition for a Sexual Violence Protective Order, Petitioner states the following:**

1. I ask that the following address(es) be **kept confidential because** the disclosure of this information will place the Petitioner or the person designated above in danger: (Please check all that apply)

☐ The address of my place of residence, school, and/or place of employment.

☐ The address of the minor child's place of residence, school, and/or place of employment.

☐ The address of the incapacitated person's place of residence.

**\*\*\* DO NOT LIST ADDRESS ON PETITION IF REQUESTING A CONFIDENTIAL ADDRESS \*\*\***

2. Is there, or was there, a relationship between you or the person designated above and Respondent?

☐ Yes

☐ No

If yes, what is or what was the nature of that relationship?

3. Have you or the person designated above and Respondent been involved in any other legal proceedings, or is there or has there been an investigation regarding matters involving the conduct, statements, or actions prompting this petition?

☐ Yes

☐ No

If yes, please state when and where the case was filed and the court case number, if known. If there is or has been an investigation, please provide the name of the police agency overseeing the investigation.

4. Please describe the acts of sexual violence (sexual conduct and/or sexual penetration) committed upon you or the person listed above by Respondent. You may not be allowed to testify about acts not adequately described. (Please describe all the acts of non-consensual sexual conduct you wish the Court to consider, **including date**, along with any specific statements or actions made contemporaneously with, or subsequent to, the sexual violence which caused you or the person designated above, or you on behalf of the person designated above, to have a reasonable fear of future harm from Respondent). Sexual conduct is defined by Delaware law (10 *Del. C.* § 7202(8)) as:

☐ a. Intentional touching or fondling of the genitals, anus, or breasts, directly or indirectly. (Describe below.)

☐ b. Intentional display of the genitals, anus, or breasts for the purpose of arousal or sexual gratification of the Respondent. (Describe below.)

☐ c. Intentional touching or fondling of the genitals, anus, or breasts, directly or indirectly, that the Petitioner, or the person designated above, is forced to perform by the Respondent. (Describe below.)

- ☐ d. Forced display of the Petitioner's or person designated above genitals, anus or breasts for the purpose of arousal or sexual gratification of the Respondent or others. (Describe below.)
- ☐ e. Intentional touching of the clothed or unclothed body of a child under the age of 12, or age 16 if the Respondent is more than 4 years older, if done for the purpose of sexual gratification or arousal of the Respondent or others. (Describe below.)
- ☐ f. Coerced or forced touching or fondling of a child under the age of 12, or age 16 if the Respondent is more than 4 years older, directly or indirectly, including through the clothing, of the genitals, anus, or breast of the Respondent or others. (Describe below.)
- ☐ g. Any other sexual conduct which a reasonable person would find threatening or harmful. (Describe below.)
- ☐ h. Sexual Penetration means any contact, however slight, between the sex organ or anus of 1 person by an object, the sex organ, mouth, or annus of another person, or any intrusion, however slight, of any part of the body of 1 person, or of any animal, or objection into the sex organ or anus of another person, including cunnilingus, fellatio, or anal penetration. (10 *Del. C.* § 7202(9)).

If any of the conduct or actions set forth in 4. (a)-(h) above occurred more than 1 year before the filing of this petition, please allege what tolling provisions are applicable to allow the Court to consider your petition. The following circumstances will toll the 1-year time period:

- ☐ Any time during which the respondent is incarcerated. 10 *Del. C.* § 7203(k)(1).
- ☐ Any time during which the respondent is residing more than 100 miles from the petitioner's residence. 10 *Del. C.* § 7203(k)(2).
- ☐ Any time during which the respondent is the subject of a noncontact order relating to petitioner. 10 *Del. C.* § 7203(k)(3).

Please provide details below:

5. Do you or the person designated above fear that the Respondent will subject you or the person designated above to future harm?

☐ Yes

☐ No

6. On what date did Respondent make the most recent statement or engage in the conduct which caused you or the person designated above to have a reasonable fear that the Respondent will subject you or the person designated above to future harm?

**WHEREFORE**, Petitioner respectfully requests that this Court enter an order for the following relief:

☐ Restrain the Respondent from contacting, or attempting to contact the Petitioner or the person designated above, including by non-physical contact, either directly, or indirectly through a third party.

☐ Restrain the Respondent from:

☐ Petitioner's residence (home)

☐ Petitioner's school

☐ Petitioner's workplace

☐ Other:

☐ Prohibit the Respondent from knowingly coming within, or knowingly remaining within  distance or location from:

☐ Petitioner

☐ Petitioner's home

☐ Petitioner's school

☐ Petitioner's workplace

☐ Other: |

☐ Order the Respondent to temporarily relinquish to a police officer, or a federally licensed firearm dealer located in Delaware, Respondent's firearms and/or ammunition and to refrain from purchasing or receiving additional firearms or ammunition for the duration of this Order. If Petitioner has reason to believe that the Respondent is in possession of the firearms and/or ammunition, please complete the section below:

Describe Each Firearm	Provide Location of Each Firearm

☐ Order the Respondent to undergo a drug, alcohol, and/or mental health assessment approved by the Sex Offender Management Board and follow all recommendations for treatment and counseling.

☐ Other:

\_\_\_\_\_  
Date

\_\_\_\_\_  
Petitioner's/Petitioner's Attorney  
Signature

**VERIFICATION**

STATE OF DELAWARE            )  
  )  
COUNTY OF \_\_\_\_\_ )

\_\_\_\_\_, being duly sworn, says:

I am the Petitioner in this action. I have read the above Petition and know to the best of my knowledge that the facts contained therein are true. I understand that I may be guilty of perjury, under § 1221, § 1222 or § 1223 of Title 11, if I falsely swear in an affidavit or verified pleading under § 7203, § 7204 or § 7205 of Title 10, or in any court hearing under § 7204, § 7205 or § 7206 of Title 10.

Subscribed and sworn before me on this date,

\_\_\_\_\_  
Petitioner's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Notary Public's Signature