



DISTRICT COURT OF MARYLAND FOR Prince George's County

City/County

Located at 4990 Rhode Island Avenue, Hyattsville, MD 20781

Case No.

Court Address

Petitioner

VS.

Respondent

PEACE ORDER SUPPLEMENT

Dating Violence

1. Do you contend that YOU are (or were) in a dating relationship whereby the respondent engaged in a course of conduct with the intent to kill, injure, intimidate, or harass you in a manner that placed you in a reasonable fear of death or physical harm?

Yes [ ]

No [ ]

Sexual Assault

2. Do you contend that the respondent engaged in a sexual assault against you and without your consent that placed you in fear of physical harm or danger?

Yes [ ]

No [ ]

Stalking

3. Do you contend that the respondent has engaged in a malicious course of conduct in which the respondent approached or pursued you with the intent to place you in reasonable fear of serious bodily injury or death?

Yes [ ]

No [ ]

Signature of Petitioner





DISTRICT COURT OF MARYLAND FOR Prince George's County

Located at 4990 Rhode Island Avenue, Hyattsville, MD 20781

City/County

Case No.

Petitioner (Person seeking protection)

VS.

Respondent (Person alleged to have committed the prohibited act)

Street Address, Apt. No.

Street Address, Apt. No.

City, State, Zip

Home: Telephone Number(s)

City, State, Zip

Home: Telephone Number(s)

PETITION FOR PEACE ORDER

1. I (the Petitioner) am seeking protection from the Respondent... for myself; a minor child of mine or over whom I have custody or guardianship... as a result of the following act(s) committed by the Respondent within the last 30 days on the dates stated below. (check all that apply) kicking punching choking slapping shooting rape or other sexual offense (or attempt) hitting with object stabbing shoving threats of violence harassment stalking detaining against will trespass malicious destruction of property misuse of telephone facilities and equipment misuse of electronic communication or interactive computer service revenge porn visual surveillance other

The details of what happened are: (Describe injuries. State the date(s) and place(s) where these acts occurred. Be as specific as you can.):

2. I know of the following court cases involving the Respondent and the person(s) for whom I am seeking protection: Court Kind of Case Year Filed Results or Status (if you know)

3. Describe all other harm the Respondent has caused to the person(s) for whom you are seeking protection, and give date(s), if known:

4. I want the Respondent to be ordered: [X] NOT to commit or threaten to commit any of the acts listed above against Name [ ] NOT to contact, attempt to contact, or harass Name [ ] NOT to go to the residence(s) at Address [ ] NOT to go to the school(s) at Name of school and address [ ] NOT to go to the work place(s) at [ ] To go to counseling. [ ] To go to mediation. [ ] To pay the filing fees and court costs. [ ] Other specific relief:

I solemnly affirm under the penalties of perjury that the contents of this Petition are true to the best of my knowledge, information, and belief.

Date

Petitioner

NOTICE TO PETITIONER

Any individual who knowingly provides false information in a Petition for Peace Order is guilty of a misdemeanor and on conviction is subject to a fine not exceeding \$1,000 or imprisonment not exceeding 90 days or both.



CIRCUIT COURT  DISTRICT COURT OF MARYLAND FOR Prince George's Co  
City/County

Located at 4990 Rhode Island Avenue, Hyattsville, MD Case No. \_\_\_\_\_  
Court Address

\_\_\_\_\_ VS. \_\_\_\_\_  
Petitioner Respondent

**ADDENDUM TO PETITION FOR PEACE ORDER**

**Failure to provide information on this Addendum may prevent law enforcement from processing the Court's Peace Order. This may endanger your safety or the safety of another protected party. Please provide as much information as possible.**

**DESCRIPTION OF RESPONDENT**  
 (Provided by Petitioner)

<b>Full Name:</b>				<b>Date of Birth:</b>		<b>Approximate Age:</b>	
<b>Race:</b>	<b>Sex:</b>	<b>Height:</b>	<b>Weight:</b>	<b>Hair Color:</b>	<b>Eye Color:</b>	<b>Skin Tone (Light/Medium/Dark):</b>	
<b>Scars, Tattoos (where on body and description):</b>							
<b>Home Address:</b>							
<b>City, State, Zip:</b>							
<b>Telephone/Cell Phone Number:</b>							
<b>Employer:</b>						<b>Work Hours:</b>	
<b>Work Address:</b>							
<b>City, State, Zip:</b>						<b>Telephone Number:</b>	
<b>Vehicle Make:</b>		<b>Model/Color:</b>		<b>Year:</b>	<b>Tag #:</b>		
<b>Weapons:</b>							
<b>Other locations or information about Respondent:</b>							

**PETITIONER**  
 (Person Requesting Assistance)

<b>Full Name:</b>				<b>Date of Birth:</b>		<b>Age:</b>	
<b>Race:</b>	<b>Sex:</b>	<b>Height:</b>	<b>Weight:</b>				

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