Insert name and contact information:

IN THE SUPERIOR COURT OF GUAM

_____	**Protective Order Case No. _____**
Petitioner,	**PETITION FOR ORDER OF PROTECTION**
vs.	
_____	**FORM 1**
Respondent.	

INSTRUCTIONS: Fill out this form when seeking a protection order for Family Violence, Sexual Assault, or Stalking.

Which type of protection order do you want? There are different orders based on the type of harm and how the parties know each other. Check only one.

☐ **Family Violence** Protection from a family or household member who has caused or attempted to cause bodily injury or serious bodily injury, or who has placed another in fear of imminent serious bodily injury, or who sexually abused minor children.

☐ **Sexual Assault** Protection from someone who has committed non-consensual sexual contact.

☐ **Stalking** Protection from someone who has committed stalking conduct, such as following or harassing another person knowing it would cause them to feel intimidated, frightened, or threatened, and serves no lawful purpose.

1. I am asking the Court to issue an Order of Protection pursuant to 7 GCA Chapter 40, 40A, or 40B, as applicable. My full name is written above as **"Petitioner."**

2. **Whom should the order restrain? ("Respondent" or "Restrained Person")** Fill out all information known to you.

Full Name:

Date of Birth:

Residence:

Mailing Address (if different from above):

Telephone Number:

Respondent Speak English?
☐ Yes ☐ No

If no, what language does Respondent speak?

Sex: ☐(M) ☐(F)	Race:	Skin Tone:	Height:
Weight:	Eye Color:	Hair Color:	
Driver's License #:	State Issued:	Expiration Date:	

3. **Whom should the order protect? (**The selected person is also called a **"Protected Person(s).")** Check all that apply.

☐ **Me.**

Full Name of Petitioner:

Date of Birth:

Speak English?
☐ Yes ☐ No

If no, what language do you speak?

☐ **Minor Children.**

☐ I am the minor's ☐ parent ☐ legal guardian ☐ custodian.

☐ I am age 18 or older and the minor is a member of my family or household. (*For family violence petitions only.*)

Child's Name	**Date of Birth**	**Gender**	**Lives With**	**How related to you**	**How related to Restrained Person**

Child's Name	Date of Birth	Gender	Lives With	How related to you	How related to Restrained Person

☐ **Someone other than myself or a minor.** State name(s): _____

4. **Service address.** Select one or more addresses you will use to receive legal documents. Your selection may be disclosed to Respondent.

Attorney name:	
Mailing Address:	
Residential Address:	
Email (if you agree to receive legal documents by email):	

How do you (or the Protected Person) know the Respondent?

5. **Check all the ways the protected person is connected or related to the restrained person:**

☐ **Intimate Partners** – Protected person and restrained person are:

- ☐ current or former spouses or domestic partners
- ☐ parents of a child-in-common (unless child was conceived through sexual assault)
- ☐ currently or formerly dating who:
  - ☐ never lived together ☐ live or have lived together

☐ **Family or household members** – Protected person and restrained person are family or household members because they are:

- ☐ parent and child ☐ stepparent and stepchild

☐ grandparent and grandchild ☐ parent's intimate partner and child

☐ current or former cohabitants as roommates

☐ person who is or has been a legal guardian

☐ related by blood or marriage (specify how: _____)

☐ **Other** - (examples: coworker, neighbor, acquaintance, stranger)

(specify connection: _____)

☐ **No Relationship**

Are there other court cases involving the parties or any children?

6. Have there been any other court cases between any of the people involved in this case, or about any children?

☐ No ☐ Yes. If yes, fill out below.

Type of Case (examples: civil, divorce, criminal, child support, custody, guardianship, etc.)	**Court** (Territory, City, County and/or State)	**Case Number** (if known)	**Status** (active, dismissed, pending, expired, unknown)

Other details:

DO YOU NEED IMMEDIATE PROTECTION? If yes, you can ask for a *Temporary Protection Order* that starts immediately and before the restrained person gets notice. This protection can last up to 14 days or until the court hearing (whichever comes first).

7. **Do you need a Temporary Protection Order?**

☐ Yes ☐ No

If Yes, explain why. What serious immediate harm or irreparable injury could occur if an order is not issued immediately without prior notice to the restrained person?

If you are seeking a Temporary Protection Order, do you want a temporary order that requires the restrained person to give up all firearms, other dangerous weapons, and concealed pistol licenses, and prohibits the restrained person from getting more?

☐ Yes ☐ No

If Yes, explain why.

What protections do you need? Check **everything** you want the court to consider ordering Respondent to do or not do.

☐ Stop Respondent from harassing, abusing, threatening, using or attempting to use physical force or cause bodily injury to me and other protected persons;

☐ Stop Respondent from telephoning, contacting, or communicating with me and other protected persons, unless otherwise allowed by the Court;

☐ Stop Respondent from coming within five hundred (500) feet of me, my place of residence, my place of employment, or the minor child(ren), unless otherwise allowed by the Court;

☐ Stop Respondent from removing and excluding me or others from my residence;

☐ Order the following wireless telecommunications service provider to, without charge, penalty, or fee, to do the following:

Name of wireless telecommunications service provider: _____
Telephone number(s): _____

☐ transfer the billing authority and all rights to the above wireless telephone number(s) to me even if I am not the account holder of the shared wireless plan

☐ transfer the billing authority and all rights to the wireless telephone number or numbers of a shared wireless plan to _____ who shall serve as the account holder

☐ remove or release my name from a shared wireless plan with Respondent or under Respondent's name and assign a substitute telephone number or numbers to me.

☐ **Surrender Weapons:** Respondent must immediately surrender any firearms, other dangerous weapons or concealed pistol licenses to law enforcement and not access, possess, have in their custody or control, purchase, receive, or attempt to purchase or receive any of those items.

Important! *The court may be required to order the restrained person to surrender firearms, other dangerous weapons, or concealed pistol licenses even if you do not request it.*

Does the restrained person ☐ own or ☐ have access to firearms?

☐ Yes ☐ No ☐ I don't know

Complete the ***Attachment: Firearms Identification*** if Yes.

Would the restrained person's use of firearms or other dangerous weapons be a serious and immediate threat to anyone's health or safety?

☐ Yes ☐ No ☐ I don't know

Even if the restrained person does not have firearms now, has the restrained person ever used firearms, other weapons, or objects to threaten or harm you?

☐ Yes ☐ No

If Yes, describe what happened.

Is the restrained person already not allowed to have firearms?

☐ Yes ☐ No ☐ I don't know

If Yes, why?

☐ I would like the Court to refer me to legal services.

☐ Other Relief:

ADDITIONAL REQUESTS FOR PERSONS SEEKING PROTECTION FROM FAMILY VIOLENCE. If you selected a Family Violence Protection Order on page 1, you may request the following additional relief, if applicable.

☐ **Custody** (Only for children the protected and restrained person have together): I request temporary care, custody, and control of

☐ the minors named on page 2 and 3, or any continuation of item number 3.

☐ these minors only:

Exceptions for Visitation and Transportation (including exchanges, meeting location, and pickup and drop off) of Minors (if any): _____

_____

(Visitation listed here will be an exception to any provisions requested on page 5).

☐ **Child Support.** I request that the Court require Respondent, who has a legal duty to support minor children in common with myself, to pay financial support in the amount of $_____ per _____ (day/week/month).

☐ **Assets:** I request an Order that Respondent may not transfer jointly owned assets and turn over the checkbook for any joint bank accounts.

☐ I request Respondent to pay rental payments or mortgage payments for my address at:

_____

☐ I request the Court grant me possession of the shared residence at the following address:

_____

☐ Prevent Respondent from taking any action that could result in the termination of any necessary utility services or services related to the family dwelling or this dwelling

☐ Prevent Respondent from taking any action that could result in the cancellation, change of coverage, or change of beneficiary of any health, automobile, or homeowners insurance policy to the detriment of myself, any dependent child, or any or children in common with myself

☐ I request Respondent provide suitable, alternative housing for me and other protected persons.

☐ **Vacate shared residence:** I request the restrained person immediately vacate the shared residence.

The restrained person may take the restrained person's clothing, personal items needed during the duration of the order, and these items from the residence while a law enforcement officer is present:

☐ **Vehicle:** I request the protected person shall have use of the following vehicle:

Year: _____ Make: _____ Model: _____ License #: _____

☐ I request that Respondent turn over documentation of health, automobile or homeowners insurance, documents needed for purposes of proving identity, a key, or other necessary specified personal effects:

☐ **Pay Fees and Costs:** I request the restrained person must pay fees and costs of this action. This may include administrative court costs, service fees, and the protected person's costs including lawyer fees.

ADDITIONAL REQUESTS FOR PERSONS SEEKING PROTECTION FROM STALKING. If you selected a Stalking Protection Order on page 1, you may request the following additional relief, if applicable.

☐ **Stalking Behavior:** I request that the restrained person not harass, follow, monitor, keep under physical or electronic surveillance, cyber harass, or use phone, video, audio or other electronic means to record, photograph, or track locations or communication, including digital, wire, or electronic communication of:

☐ the protected person ☐ the minors named in section **2** above

☐ these minors only:

☐ these members of the protected person's household:

☐ **Evaluation:** I request that the restrained person get an evaluation for:

☐ mental health ☐ chemical dependency (drugs and alcohol)

☐ **Personal Belongings:** I request the protected person shall have possession of essential personal belongings, including the following:

How long do you need this order to last?

8. **Length of Order**

I need this order to last for: (*specify how long*):

If you specified more than one year, briefly explain why.

Why do you need a protection order? What happened? This is your statement where you tell your experience.

Be as specific and descriptive as possible. Put the date, names, what happened, and where. Use names rather than pronouns (he/she/they) as much as possible. If you cannot remember the date, put the time of year it happened (around a holiday, winter, summer, how old your child was), or about how long ago.

For all of the questions below, include details:

- Who did what?
- When did this happen?
- How were any statements made? (in person, mail, text, phone, email, social media)
- How did this make you, the minor, or the vulnerable adult feel?

If you need more space to answer any of the questions below, use attach additional pages.

Privacy Warning! The restrained person will see this Petition and any other evidence you file with the court. This information is also available in a public court file. At the end of this form, you can make request to keep certain information confidential.

9. **Most Recent Incident.** What happened most recently that made you want a protection order? This could include violent acts, fear or threats of violence, coercive control, nonconsensual sexual conduct or penetration, sexual abuse, harassment, stalking, hate crimes.

10. **Past Incidents.** What happened in the past that makes you want a protection order? This could include violent acts, fear or threats of violence, coercive control, nonconsensual sexual conduct or penetration, sexual abuse, harassment, stalking, or hate crimes.

11. **Medical Treatment.** Describe any medical treatment you received for issues related to your request for protection.

12. **Suicidal Behavior.** Describe any threats of self-harm or suicide attempts by the restrained person.

13. **Minors Needing Protection, if any** *(If the information is not already included above.)*

Has there been any violence or threats towards children? How have the children been affected by the restrained person's behavior? Were the children present during any of the incidents described above? Describe and give details.

14. **Supporting Evidence** (*Include anything else you want the court to see that helps prove what you are saying is true. You are responsible for filing your supporting evidence, including police reports, if any. Before you file any evidence, you can black out (redact) any sensitive information. Examples*:

your home address and account numbers (leave last 4 digits). If you have audio or video evidence, contact the court for how to submit.)

☐ I am submitting the following evidence with this Petition *(check all that apply)*:

☐ Pictures

☐ Text/email/social media messages

☐ Voice messages (written transcript)

☐ Written notes/letters/mail

☐ Police report

☐ Declaration or statement from witness (*name/s*): _____

☐ Other (*describe*): _____

Privacy Warning! The Restrained Person will see this Petition and any other evidence you file with the court. All parties, court staff, and authorized volunteers may have access to these documents. This information is also available in a public court file. You may request that documents and information be kept from public disclosure or disclosure to the opposing party. Your request may be granted or denied.

Please indicate here if you are requesting that the Court mark any documents as sealed (protected from public disclosure) or review certain documents in camera (protected from disclosure to the Respondent, and explain why:

I CERTIFY, UNDER PENALTY OF PERJURY UNDER THE LAWS OF GUAM, THAT ALL THE INFORMATION PROVIDED IN THIS PETITION AND ANY ATTACHMENTS IS TRUE AND CORRECT.

☐ I have attached *(number)*:_____pages.

▶ _____ _____

Sign here Print name

Date:_____

Attachment: Firearms Identification

Complete this attachment if the restrained person owns or has access to firearms or other dangerous weapons.

1. Does the restrained person ☐ own and/or ☐ have access to any firearms?
   ☐ Yes ☐ No ☐ Unknown

2. Does the restrained person purchase, own, or have access to parts that could be assembled into a working firearm (example: ghost guns)? ☐ Yes ☐ No ☐ Unknown

3. Does the restrained person have a concealed pistol license (CPL)?
   ☐ Yes ☐ No ☐ Unknown

4. When was the last time you saw the firearms? _____

5. Do you know where the restrained person keeps the firearms? ☐ Yes ☐ No
   If yes, check all that apply:
   ☐ On their person ☐ In their car ☐ In their home ☐ Storage unit ☐ In a safe

6. To the best of your knowledge, are the firearms typically loaded?
   ☐ Yes ☐ No ☐ Unknown

7. How important are the firearms to the restrained person?
   ☐ 1 (not very important) ☐ 2 ☐ 3 ☐ 4 ☐ 5 (very important) ☐ Unknown

8. What does the restrained person generally use the firearms for, if known? (*check all that apply*):
   ☐ Hunting ☐ Collecting ☐ Target Shooting ☐ Protection ☐ Work
   ☐ Other: _____

9. Does the respondent possess explosives? ☐ Yes ☐ No ☐ Unknown

10. Does the restrained person own or possess any other dangerous weapons you believe should be surrendered? ☐ Yes ☐ No ☐ Unknown.
    If yes, list them here:

The pictures below are examples of the most common firearms. If you recognize any of the pictures below as similar to the firearms the restrained person has, please check it and write in how many they have of each.

☐ **Handgun(s)** (how many) _____

☐ **Unassembled Firearm** (how many) _____

☐ **Rifle(s)** (how many) _____

☐ **Shotgun(s)** (how many) _____

☐ **Other firearm(s)** (describe):

IN THE SUPERIOR COURT OF GUAM

_____ Petitioner, vs. _____ Respondent.	**Protective Order Case No. _____** **MARSHALS SERVICE INFORMATION FORM** **FORM 2**

RESPONDENT'S INFORMATION:

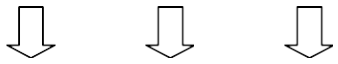
NAME:		**ALIAS:**	
RESIDENTIAL ADDRESS:		**HOME PHONE:**	**CELLULAR PHONE:**
PLACE OF EMPLOYMENT:	**WORK HOURS:**	**WORK PHONE:**	**OTHER CONTACT NUMBERS:**
VEHICLE (MAKE/MODEL/COLOR):		**LICENSE PLATE NUMBERS:**	**HANGOUTS:**
DISTINGUISING MARKS/TATTOOS:			

PETITIONER'S INFORMATION:

NAME:	**HOME PHONE:**
RESIDENTIAL ADDRESS:	**WORK PHONE:**
	CELLULAR PHONE:

PLEASE PROVIDE A PICTURE OF RESPONDENT (IF YOU HAVE ANY). DRAW A MAP TO RESPONDENT'S RESIDENCE (HOME) ON THE BACK.

DRAW A MAP TO RESPONDENT'S RESIDENCE BELOW.



IN THE SUPERIOR COURT OF GUAM

_____ Petitioner, vs. _____ Respondent.	**Protective Order Case No. _____** **RESPONDENT'S INVENTORY OF FIREARMS, FIREARM PARTS, AMMUNITION, AND PERMITS/REGISTRATIONS** **FORM 3**

TO THE RESTRAINED PERSON:
A judge has ordered you to surrender your firearms (guns), firearm parts, ammunition, and firearms permits/registrations. State below all information regarding firearms in your possession, custody, or control. *All firearms must be listed, even if used for hunting or work.*

Note: The completion of this form is optional.

1. Firearms and firearm parts

	Make	Model	Serial Number, if known
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

2. Ammunition

	Brand	Type	Amount
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

3. Firearm permits/registrations

1. _____
2. _____
3. _____
4. _____
5. _____

☐ Check here if there is not enough space above. Use a separate sheet of paper to list other items and attach it to this form.

If you did not surrender any of the above-listed items to the Deputy Marshal, explain why:

_____
_____
_____
_____
_____

☐ CHECK HERE IF YOU DO NOT HAVE FIREARMS, FIREARM PARTS, AMMUNITION, OR PERMITS/REGISTRATIONS IN YOUR POSSESSION, CUSTODY OR CONTROL.

Your signature:

☐ I declare under penalty of perjury of Guam law that the information above is true and correct.

☐ I decline to fill out and sign this form.

_____ _____

Type or print your name *Sign your name*

Address:

_____ Date: _____

_____ Phone Number: _____

_____

Instructions for filing
Upon completion of this Statement by the Restrained Person, the Deputy Marshal shall file it with the Court.

IN THE SUPERIOR COURT OF GUAM

_____ Petitioner, vs. _____ Respondent.	**Protective Order Case No. _____** **PETITION/MOTION TO DISMISS, EXTEND, OR MODIFY OTHER CONDITIONS OF ORDER OF PROTECTION** **FORM 4**

1. I, Petitioner, ask the Court, to

☐ **dismiss**, ☐ **extend, or** ☐ **modify any other conditions of the**

☐ **Temporary Order of Protection or** ☐ **Permanent Order of Protection** issued by the Superior Court on _____.

2. Explain what you want **dismissed**, **extended,** or **modified** (for example, you can ask the Court to dismiss or extend an Order of Protection; you can also ask the Court to modify any other terms within an Order of Protection, such as visitation):

_____

_____

_____

_____

_____

_____

_____

3. Explain why you want the **dismissal, extension,** or **modification of any other conditions**:

_____

_____

_____

_____

_____

_____

4. I declare under oath or penalty of perjury that the following statements are true.

_____

PETITIONER PRINT NAME, SIGN, AND DATE

I. THE COURT HEREBY ORDERS:

☐ **NOTICE TO APPEAR:** A hearing has been scheduled to dismiss, extend, or modify other terms of the above Order of Protection. **YOU ARE ORDERED** to appear on _____ at _____ ____**.M.** in the Superior Court of Guam to **SHOW CAUSE** why the Order of Protection should not be amended.

To attend or to participate in the hearing, you may (1) appear in person at the Guam Judicial Center; Or (2) appear remotely at https://guamcourts-org.zoom.us and enter

Meeting ID: _____ Passcode: _____

☐ Without a hearing, the Court **GRANTS** Petitioner's request to ☐dismiss ☐extend or ☐modify any other conditions of the ☐Temporary Order of Protection or ☐ Permanent Order of Protection **WITHOUT PREJUDICE.**

DATE: _____ **TIME:** _____

_____

JUDGE, SUPERIOR COURT OF GUAM

IN THE SUPERIOR COURT OF GUAM

_____ Petitioner, vs. _____ Respondent.	**Protective Order Case No. _____** **MOTION AND AFFIDAVIT AND ORDER TO SHOW CAUSE FOR CONTEMPT FOR VIOLATING ORDER OF PROTECTION** **FORM 5**

I. MOTION AND AFFIDAVIT:

1. I am the Petitioner or protected party in this case.

2. The Respondent has violated the Order of Protection issued by this Court by doing or not doing the following:

   _____

   _____

   _____

3. I ask the Court to order the Respondent to appear at a specified time to answer a contempt charge or to issue a bench warrant for the arrest of the Respondent.

4. I declare under penalty of perjury under the laws of Guam (6 GCA § 4308) that the foregoing is true and correct and to the best of my knowledge and I can testify competently to these facts.

_____

PETITIONER PRINT NAME, SIGN, AND DATE

II. THE COURT HEREBY ORDERS:

☐ **NOTICE TO APPEAR TO RESPONDENT: YOU ARE ORDERED** to appear on _____ at _____ ____**.M.** in the Superior Court of Guam to **SHOW CAUSE** why you should not be held in contempt for violating a valid Order of Protection. Failure to appear for this contempt hearing may result in a bench warrant issued for the Respondent's arrest.

To attend or to participate in the hearing, you may (1) appear in person at the Guam Judicial Center; Or (2) appear remotely at https://guamcourts-org.zoom.us and enter

Meeting ID: _____ Passcode: _____

☐ Surrender any and all firearms, firearms IDs, and firearm permits, in Respondent's control and/or possession to the Superior Court Marshals.

☐ A bench warrant to be issued for the Respondent's arrest to answer a contempt charge for violating a valid Order of Protection.

DATE: _____ **TIME:** _____

_____

JUDGE, SUPERIOR COURT OF GUAM

IN THE SUPERIOR COURT OF GUAM

_____ Petitioner, vs. _____ Respondent.	**Protective Order Case No. _____** **NOTIFICATION TO RESPONDENT**

You are the Respondent in this protection order proceeding. You have the right to retain an attorney to assist you in this matter. (The Court does not appoint free legal counsel in protection order cases.)

The Order to Show Cause which has been served upon you contains all the conditions you must abide by. Additionally, the Order to Show Cause contains the date for your next hearing. At your upcoming hearing, you may:

1. request additional time to seek an attorney;

2. agree to a permanent protective order, with or without admitting Petitioner's allegations; or

3. contest the protective order. Under this option, the Court will schedule an evidentiary hearing. At this hearing, you will be allowed to call witnesses, and the Court will make a decision about whether a protective order will be granted upon a finding of abuse/stalking/sexual assault.

If the Petitioner is represented by an attorney, their attorney may attempt to contact you prior to the hearing to reach a resolution. You may also contact Petitioner's attorney; their contact information should be located at the top of the Petition.

Violations of the Order to Show Cause or any further Court Orders may result in penalties. Refer to the Order to Show Cause to review all applicable penalties, fines, and/or sanctions.

If the order of protection prohibits you from having firearms, you may not possess any firearms and any firearms in your possession may be seized by the Court Marshal. You must also cooperate with the Marshal in identifying firearms, ammunition, and firearms permits in your name, possession, or control. Upon the termination of the protective order, you may take steps to retrieve seized firearms from the Court Marshal.

DATE: _____ TIME: _____

_____

JUDGE, SUPERIOR COURT OF GUAM

SUPERIOR COURT OF GUAM

NON-CRIMINAL CASE COVER SHEET

CASE NUMBER *(For Clerk Use Only)*: _____

NOTICE: Plaintiff/Petitioner must submit this cover sheet with the first paper filed in the action or proceeding as required by local court rule. See General Rule 5.1(c)(4) of the Local Rules of the Superior Court of Guam. Failure to file may result in sanctions. If this case is a *civil case* and *complex*, you must serve a copy of this cover sheet on all other parties to the action or proceeding.

1. Plaintiff(s)/Petitioner(s):	**Defendant(s)/Respondent(s)/Party-in-Interest:**
Name(s): **Address:** **Email:** **Telephone:** **Attorney for Plaintiff(s)/Petitioner(s):**	**Name(s):** **Address:** **Email:** **Telephone:** **[Attach additional page as necessary to list all parties.]**

2. Check ONE box below for the case type that is the PRIMARY cause of action:

CIVIL

TORT:

- ☐ Automobile Tort
- ☐ Intentional Tort

Malpractice

- ☐ Medical
- ☐ Other

- ☐ Premises Liability
- ☐ Product Liability
- ☐ Slander/ Libel / Defamation
- ☐ Other

CONTRACT:

- ☐ Buyer Plaintiff
- ☐ Fraud

Employment

- ☐ Discrimination
- ☐ Other

Landlord Tenant

- ☐ Unlawful Detainer
- ☐ Other

- ☐ Mortgage Foreclosure
- ☐ Seller Plaintiff (Debt Collection)
- ☐ Other

OTHER CIVIL:

- ☐ Restraining Order
- ☐ Foreign Judgment
- ☐ Petition for Judicial Review
- ☐ Procurement Appeal
- ☐ Civil Forfeiture
- ☐ Petition for Writs
- ☐ Other

REAL PROPERTY:

- ☐ Eminent Domain
- ☐ Quiet Title / Partition
- ☐ Other

DOMESTIC RELATIONS

Dissolution/Divorce/Annulment

- ☐ Uncontested Divorce
- ☐ Divorce
- ☐ Annulment

- ☐ Paternity
- ☐ Custody
- ☐ Visitation
- ☐ Adoption
- ☐ Civil Protection/Restraining Orders
  (Plaintiff's DOB: _____)
  (Defendant's DOB: _____)
- ☐ Other: _____

Support

- ☐ Child Support – IV-D
- ☐ Child Support – Private (Non-IV-D)
- ☐ Support – Other

PROBATE, MENTAL HEALTH, AND GUARDIANSHIP

Probate

- ☐ Wills/Intestate
- ☐ Other Probate

Mental Health

- ☐ Involuntary Hospitalization
- ☐ Other

Guardianship

- ☐ Adult
  (Ward's DOB:_____)
- ☐ Juvenile

For CIVIL CASES ONLY:

3. This case ☐ is / ☐ is not complex. If the case *is complex*, mark the factors requiring exceptional judicial management:

- ☐ Large number of separately represented parties
- ☐ Extensive motion practice raising difficult or novel issues that will be time-consuming to resolve
- ☐ Substantial amount of documentary evidence
- ☐ Large number of experts
- ☐ Large number of witnesses
- ☐ Coordination with related actions pending in one or more courts in other counties, states, or countries, or in federal court
- ☐ Substantial post-judgment judicial supervision.

4. Remedies sought (check all that apply):

- ☐ Monetary
- ☐ Non-monetary – Declaratory or injunctive relief
- ☐ Punitive
- ☐ Other: _____

5. Cause(s) of Action (specify): _____

6. This case ☐ is / ☐ is not a class action suit.

7. Jury Demanded in Pleading?: ☐ Yes / ☐ No → If *yes*: ☐ Jury of 6 / ☐ Jury of 12

8. If there are any known related cases, list the case name(s) and number(s): _____