

Rockdale County Superior Court

Temporary Protective Order Filing Information

TO FILE for a Temporary Protective Order (TPO) you must:

- **The Respondent must live in Rockdale County and be personally served by the Sheriff 's Department**
- Currently fear for your safety or the safety of your minor children.
- Be at least 18 years old or have an adult file on your behalf.

Determine which Protective Order petition fits your circumstances:

(1) You are eligible to file a petition for **Family Violence Temporary Protection Order** if you, or your child under the age of 18, have experienced acts of family violence from: a) your husband or wife; b) your ex-husband or ex-wife; c) your parent, stepparent, or foster parent; d) your child, stepchild, or foster child; e) any person who lives/lived in your household as if they were part of the family; f) the mother or father of your baby even if they have never lived with you or been married to you. The act of family violence has to have occurred within the past 30 days.

(2) You are eligible to file a petition for **Stalking Temporary Protective Order** if someone has stalked you. In Georgia, someone commits stalking if he/she a) follows you, b) places you under surveillance; c) or contacts you at a location without your consent for the purpose of harassing or intimidating you (contacting includes in person, by phone, mail, broadcast, computer, any electronic device). A pattern of harassment and intimidation must be established by listing 4 to 5 incidents that have occurred within the past 30 days.

ONLY COMPLETE 1 PETITION.....

This office is responsible for processing your application and petition; presenting the petition to the presiding judge. If the petition is granted, this office prepares an Order based on the Court's instructions (after review of your petition and the

circumstances of the incident). Once the Court has executed an order, the documents are filed with the Clerk of the Superior Court. You will be given a copy of the petition and order when signed and filed. The sheriff's dept. will serve the petition and order on the Respondent.

A hearing will be held on your petition within 10 - 20 days of filing. At the hearing, the Court will hear from both parties and determine the conditions of a final order. You will receive a copy of the final order the day of the hearing.

HELPFUL NOTES

Generally, the hours for applying and filing are **MONDAY-FRIDAY 9:00 -11:30 A.M AND 1:30-3:00 P.M. ANY PETITIONS ACCEPTED AFTER 3P.M. WILL BE PROCESSED THE NEXT BUSINESS DAY.**

YOUR PETITION MUST BE NOTARIZED (VERIFICATION). NOTARY SERVICES ARE AVAILABLE HERE IF I AM AVAILABLE. If I am not in my office and you are unable to wait, you may slide the **completed** paperwork under the door.

The Superior Court Judges have court sessions throughout the day and may not be immediately available to sign the Order. You may be instructed to return at a certain time to complete the process and receive your copies of the Petition and Order.

ONLY COMPLETE 1 PETITION.....

Show Cause/TPO Hearing Date: _____

Case No. 2020-CV-_____

Date: _____

Complete as much of the following as possible

@ _____

APPROVED _____

DENIED _____

<u>YOUR INFORMATION (PETITIONER):</u>	<u>RESPONDENT'S INFORMATION:</u>
PID# _____	PID# _____
Does the Respondent know where you are currently living? Yes No	
Name	Name
address	address
City, State, Zip	City, State, Zip
home phone	home phone
cell phone	cell phone
EMAIL ADDRESS:	work place
work phone	work address
work place	city, state, zip
work address	work phone
city, state, zip	work hours days off
work hours days off	best time to serve w/ papers
last 4 digits of social security #	last 4 digits of social security #
date of birth	date of birth hair eyes
race sex age	race sex age height weight
vehicle color year	Guns in Respondent's household? If yes, list, i.e. pistols/revolver/rifle
Emergency contact name & phone	
How many adults live in your household? _____ How many children live in your household? _____	Tattoos/piercings? if yes, describe
List minor children that live with you that you want to be protected under the TPO	Facial hair? if yes, describe
Name Date of Birth	Glasses?
1. _____	vehicle color year
2. _____	
3. _____	tag #
4. _____	
Have you filed a dispossessory action against the Respondent? _____	If yes, when? _____
If you request that the Respondent be ordered to stay away from the children's school or daycare, complete the following:	
Name of daycare/school/etc	Street address
1. _____	
2. _____	
3. _____	
4. _____	