For Clerk’s Use Only

**This is a public record. A victim should not include their personal information on this document. If not represented, do not complete this portion of the form.**

Name of Lawyer:

Lawyer’s Address:

Lawyer’s Telephone:

Lawyer’s Email:

Lawyer’s Bar Number:
Lawyer for [ ] Victim

**SUPERIOR COURT OF ARIZONA**

**IN**   **COUNTY**

|  |  |  |
| --- | --- | --- |
|  Plaintiff Defendant [ ] I am the Victim Representative [ ] I am the Victim |  | Case Number: **PETITION FOR A LIFETIME NO-CONTACT INJUNCTION**(A.R.S. § 13-719(D)) |

I request that the court issue a lifetime no-contact injunction that prohibits the defendant from contacting the victim during the defendant’s natural lifetime.

1. **BASIS OF REQUEST**

**(must select at least one checkbox)**

[ ] The defendant was convicted of a completed or preparatory\* dangerous felony offense as defined in A.R.S. § 13-105.

[ ] The defendant was convicted of a completed or preparatory\* “serious offense” or “violent or aggravated felony” as defined in A.R.S. § 13-706.

[ ] The defendant was convicted of a completed or preparatory\* felony offense included in Title 13, Chapter 14 or 35.1.

 \*NOTE: A preparatory offense includes attempt, conspiracy, solicitation, and facilitation.

**NOTE: Items marked with an asterix (\*) are required fields.**

1. **DEFENDANT’S INFORMATION**

\*Name:

\*Date of birth:

Address, last known whereabouts, and best location for service:

Telephone number:

Email address:

Name at the time of arrest, if not the same as above:

1. **CRIMINAL CASE INFORMATION**

Sentencing court:

 Sentencing date:

\*Case number:

\*Eligible conviction: The defendant was convicted of a violation of ARS .

1. **ADDITIONAL INFORMATION FOR THE COURT**

\*Do the victim and the defendant have an existing parenting time plan in place?[ ] **Yes** [ ] **No**

[ ] Attached is a copy of the sentencing order (Do not attach originals).

**OATH OR AFFIRMATION**

**I declare under penalty of perjury that the information I have provided in this petition and any attachments is true and correct to the best of my knowledge.**

Date Signature

Printed Name

**IMPORTANT:** YOU MUST FILE this Petition for a Lifetime No-Contact Injunction with the **Confidential Victim Information Sheet** (Form No. AOCLTINJ2F).