

**THIS FORM IS CONFIDENTIAL AND
IS NOT A PUBLIC RECORD**

- I am the victim representative
 I am the victim

SUPERIOR COURT OF ARIZONA
IN MARICOPA COUNTY

For Clerk Use Only

Plaintiff

Case Number: _____

Defendant

VICTIM INFORMATION SHEET FOR
LIFETIME NO-CONTACT INJUNCTION
(A.R.S. § 13-719)

1. VICTIM INFORMATION

Name: _____

Date of birth: _____

Minor victim: Yes No

2. CONTACT INFORMATION

Who should the Order be mailed to? _____

Where should the Order be sent? (Check one or both boxes)

Email to: _____

Mail to: _____

Telephone: _____

Keep this information restricted from the defendant.

3. VICTIM REPRESENTATIVE INFORMATION (if applicable)

Name: _____

Telephone: _____

Address: _____

Relationship to Victim: _____

Title and Agency (if applicable): _____

Date

Signature

Printed Name

Person Filing: _____

Address (if not protected): _____

City, State, Zip Code: _____

Telephone: _____

Email Address: _____

Lawyer's Bar Number: _____

For Clerk Use Only

Representing Self, without a Lawyer OR Attorney for Plaintiff

SUPERIOR COURT OF ARIZONA
IN MARICOPA COUNTY

Plaintiff

Case Number: _____

Defendant

PETITION FOR A LIFETIME NO-CONTACT
INJUNCTION
(A.R.S. § 13-719(D))

I am the Victim Representative

I am the Victim

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 asterisk (*) are required fields.

2. 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: _____

3. CRIMINAL CASE INFORMATION

Sentencing court: _____

Sentencing date: _____

*Case number: _____

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

4. 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.