

STATE OF VERMONT

SUPERIOR COURT

FAMILY DIVISION

Unit

Docket No.

Plaintiff	Date Of Birth	Defendant	Date Of Birth
		V.	

Defendant's Full Physical Address: \_\_\_\_\_

**Affidavit in Support of Relief from Abuse Complaint**

In support of the claims made in my complaint, I state the following facts to be true and correct to the best of my knowledge and belief.

**The most recent incident** that causes me to ask for an order happened on \_\_\_\_\_ at \_\_\_\_\_  
(date)  
\_\_\_\_\_ in the town of \_\_\_\_\_, in the state of \_\_\_\_\_  
(time)

When \_\_\_\_\_ did the following to me and/or the minor children:  
(name)

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(attach a separate sheet of paper if necessary)

Is the incident described above **the most serious incident** involving the defendant? ☐ Yes ☐ No

If you answered NO:

The most serious incident that causes me to ask for an order happened on \_\_\_\_\_ at \_\_\_\_\_  
(date)  
\_\_\_\_\_ in the town of \_\_\_\_\_, in the state of \_\_\_\_\_.  
(time)

Describe what happened below. (Be specific. Where did it happen? Who else was there? Was a weapon involved?)

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(attach a separate sheet of paper if necessary)

Other past incidents of serious violence or threats that support my request for an Order include:

(Be specific. For each incident, state: When and where it happened, who else was there, and details about any injuries resulting or weapons used.)

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(attach a separate sheet of paper if necessary)

Do you feel that you are in immediate danger of further abuse from the defendant? ☐ Yes ☐ No

Is there an existing order or a pending court proceeding involving you, the defendant and/or the child/ren name in the complaint?? ☐ Yes ☐ No

If YES, please fill in the information requested below:

Type of Proceeding	Name of Case	Name of Court & State	Docket Number & Date Filed
Divorce/Separation	<hr/>	<hr/>	<hr/>
Civil Union	<hr/>	<hr/>	<hr/>
Dissolution Parentage	<hr/>	<hr/>	<hr/>
Relief from Abuse	<hr/>	<hr/>	<hr/>
Protection Order	<hr/>	<hr/>	<hr/>
Criminal	<hr/>	<hr/>	<hr/>
Guardianship	<hr/>	<hr/>	<hr/>
Probate	<hr/>	<hr/>	<hr/>
Juvenile	<hr/>	<hr/>	<hr/>

**WARNING**

**MAKING FALSE STATEMENTS IN THIS AFFIDAVIT IS A CRIME SUBJECT TO A TERM OF IMPRISONMENT OR A FINE, OR BOTH AS PROVIDED BY 13 V.S.A §2904**

I swear or affirm that the facts set forth in this petition are true and correct to the best of my knowledge and belief.

Date: 

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Signature: 

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Printed Signature: 

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**Signed and sworn to before me:**

Date: 

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Expiration Date: 

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Signature of Notary: 

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**NOTICE: This Affidavit will be served on Defendant with the Complaint for Relief from Abuse**