

Name of Lawyer: _____

Lawyer's Address: _____

Lawyer's Telephone: _____

Lawyer's Email: _____

Lawyer's Bar Number: _____

Lawyer for the Victim

**SUPERIOR COURT OF ARIZONA
IN MOHAVE COUNTY**

Plaintiff

Case Number: _____

Defendant

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

- I am the victim OR
- I am an authorized filer as listed in
ARPOP Rule 43(c)

WHO IS LISTED AS AN AUTHORIZED FILER?

According to ARPOP Rule 43(c), "the victim, the victim's attorney, the victim's legal guardian, or the prosecutor may file the petition, except that if the victim requesting the Order for Lifetime No-Contact Injunction is a minor, unless the court determines otherwise, the parent, legal guardian, or person who has statutorily defined legal custody of the minor victim must file the petition or may authorize the prosecutor or the minor victim's attorney to file the petition."

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: _____

Email address: _____

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

3. CRIMINAL CASE INFORMATION (Attach the sentencing order, if available)

Sentencing court: _____

Sentencing date: _____

*Case number: _____

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

4. ADDITIONAL INFORMATION FOR THE COURT

*Is there an existing order in place for legal decision-making or parenting time in family or juvenile court? (DO NOT ATTACH ANY PARENTING TIME PLANS)

Yes No **Date and County where filed:** _____

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: When you are filing a Petition for a Lifetime No-Contact Injunction, you must also complete the **Confidential Victim Information Sheet** (Form No. AOCLTINJ2F) and file it separately.