

Name of Lawyer: _____

Lawyer's Address: _____

Lawyer's Telephone: _____

Lawyer's Email: _____

Lawyer's Bar Number: _____

Lawyer for Victim

**SUPERIOR COURT OF ARIZONA
MOHAVE 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 life.

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 below 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 (Form J2F).