

STATE OF VERMONT

SUPERIOR COURT

FAMILY DIVISION

Unit

Original Docket No.:

Issuing State:

REGISTRATION OF FOREIGN ABUSE PREVENTION ORDER

Plaintiff/Petitioner:

Name: _____ Date of Birth: _____

Address: _____

City/State/Zip: _____ Daytime Phone: _____

Defendant/Respondent Information:

Name: _____ Date of Birth: _____

Address: _____

City/State/Zip: _____ Daytime Phone: _____

Enclosed is a certified copy of my:

Temporary Final Foreign Abuse Prevention Order (15 V.S.A. § 1108).

I am requesting to register this Order with the State of Vermont. I affirm, to the best of my knowledge, that the following are satisfied:

- The Order identifies a Plaintiff/Petitioner/protected individual and a Defendant/Respondent;
- The Defendant/Respondent has received notice of the Order in compliance with the requirements of the issuing state;
- The Order is valid and in effect in the issuing state;
- The Court in the issuing state had jurisdiction over the parties and the subject matter under the law of the issuing state.

Date: _____

Signature: _____

Printed Name: _____

FOR COURT STAFF ONLY:

A copy of this Registration form and a copy of the Abuse Prevention Order was sent to the Department of Public Safety on (date) _____.

Court Staff Initials: _____