Form 151
Affidavit: Relief From Abuse

STATE OF VERMONT

SUPERIOR COURT _____ Unit

FAMILY DIVISION

Docket No. _____

Plaintiffs Name	DOB / /	v.	Defendant's Name	DOB / /
	Defendant's Street Address		City, State, Zip	

AFFIDAVIT IN SUPPORT OF COMPLAINT

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

1. The most recent incident that causes me to ask for an order happened on or about	Date / /	at	Time AM PM

in	Town, State	when	Name of person	did the following to me and/or the minor children:

(Describe what happened below. Be specific: What was the act or threat of violence? Where did it happen? Who else was there? Was a weapon involved? Were you or anyone else injured? What were the injuries?)

Attach a separate sheet if necessary

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

If your answer is No, please fill in the following information:

The most serious incident that causes me to ask for an order happened on	Date / /	at	Time

in	Town, State	*(Describe what happened below. Please be specific: What was the act or threat of violence? Where did it happen? Who else was there? Was a weapon involved? Were you or anyone else injured? What were the injuries?)*

Attach a separate sheet if necessary

3. 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.)

Attach a separate sheet if necessary

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

5. Is there an existing order or a pending court proceeding involving you, the Defendant and/or the child/ren named in the complaint? ☐ Yes ☐ No
If yes, please fill in the information requested below:

Type of Proceeding	Name of Case	Name of Court And State	Docket Number And Date Filed
Divorce/Separation Civil Union Dissolution Parentage			
Relief From Abuse Protection Order			
Criminal			
Guardianship Probate			
Juvenile			

I hereby swear or affirm that the information above is true to the best of my knowledge and belief.

	Signature of Plaintiff	Date / /
	Printed Name	

Signed and sworn before me:

Date	Signature of Notary Public	Expiration Date / /

NOTICE: This Affidavit will be served on Defendant with your Complaint.

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.