

APPLICATION FOR RELIEF FROM ABUSE

SUPERIOR COURT

JD-FM-78 Rev. 6-89 C.G.S. 46b-15, 52-259

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INSTRUCTIONS TO APPLICANT

- 1. Prepare on typewriter or print in ink.
- 2. File completed original with the clerk of court.

INSTRUCTIONS TO CLERK

- 1. Assign a hearing date not later than 14 days from filing date.
- 2. If Ex Parte Order entered, retain original for court file and distribute 5 copies as follows:
 - One copy to respondent
 - One copy to Family Division
 - Two certified copies to applicant
 - One certified copy to appropriate law enforcement agency WITHIN FORTY-EIGHT (48) HOURS OF ISSUANCE OF THIS ORDER.

TO: The Superior Court

AT (Address of court)

235 Church St. New Haven

"X" here if a Protective Order has been entered affecting any person who is a party to this application.

PROVIDE NAMES OF ATTORNEYS FOR ANY PARTY CONNECTED WITH THIS ACTION

Attorney Hershatter, Clinton

NAME OF APPLICANT (Your name)

ADDRESS WHERE MAIL WILL REACH YOU

Lila ABou-SAIF

2514 Boston Post Rd Guilford

NAME AND ADDRESS OF RESPONDENT (Person against whom you are bringing this case)

RESPONDENT'S TELEPHONE NO. (if known)

Magda ABou-SAIF. 8-6 Woods Brook Terrace

Westchester, N.Y. 1051

914-941-33

RESPONDENT IS: ("X" all that apply)

- my spouse
- my former spouse
- parent of my child
- my parent
- my child
- a person 18 or over related to me by blood or marriage
- a person 16 or over with whom I reside or with whom I have resided
- a caretaker who is providing shelter in his or her residence to a person 60 years of age or older

AFFIDAVIT

I, the above-named applicant, represent that the information contained herein is correct and that I have been subjected to a serious threat of present physical pain or physical injury by the respondent named above. (You must attach an affidavit made under which includes a statement of the conditions from which you seek relief. Include specific examples with dates.)

Wherefore I request that the court enjoin the respondent from:

- IMPOSING ANY RESTRAINT ON ME
- ASSAULTING, MOLESTING, SEXUALLY ASSAULTING OR, ATTACKING ME
- ENTERING THE FAMILY DWELLING OR MY CURRENT DWELLING, TO WIT:

(NOTE: The address provided here will be included on any orders entered by the court. If you do not wish to divulge your address do not complete this box. However, failure to include this information may limit the protection afforded you by the restraining order)

ADDRESS OF DWELLING

and that the court order the following additional relief:

- THAT THE COURT DO THE FOLLOWING: Cease harassment of myself over the phone. Also cease visiting and calling.

THAT THE RELIEF REQUESTED ABOVE EXTEND TO THE FOLLOWING DEPENDENT CHILDREN AND/OR OTHER PERSONS: (Specify names and relationship to applicant)

My mother, Barbara M. Falter

JUDICIAL DISTRICT OF NEW HAVEN
SUPERIOR COURT
FILED

OCT 23 1991

OCT 25 1991

FOR COURT USE ONLY

DOCKET NO. 32283

FILE DATE

JUDICIAL DISTRICT OF NEW HAVEN
SUPERIOR COURT
FILED

CHIEF CLERK'S OFFICE