

INSTRUCTIONS TO THE PLAINTIFF

HARASSMENT PREVENTION ORDERS

Under chapter 258E of Massachusetts General Laws, people who have suffered harassment may ask a judge to issue an Order to protect them from further harassment or abuse. These Orders will be recorded and enforced by law enforcement agencies. They are commonly called “Harassment Prevention Orders” or “Restraining Orders” or “258E Orders.” In any emergency that occurs after court hours or on weekends, you may ask your local police to put you in contact with a judge.

YOU MUST COMPLETE 4 FORMS:

1. COMPLAINT FORM

To request a Harassment Prevention Order, you must fill out a Complaint form and other appropriate forms. There is no filing fee. You are the “Plaintiff.” The person you allege has harassed you is the “Defendant.”

If either party is under 18. You are asked to indicate on the form whether you and the Defendant are under 18 years of age because the law provides that if either you or the Defendant is under the age of 18, such cases are not open to public inspection and are available only to the Plaintiff, the Plaintiff’s attorney, the person under 18, and his or her parent, guardian, and attorney.

Other prior and/or pending actions. If there are any prior or pending actions in any state or country between you and the Defendant, please have any legal papers you have from such actions with you at the time of the hearing.

Financial compensation. You may request that a judge order the Defendant to compensate you for any financial losses suffered as a direct result of the harassment. These may include, but are not limited to, lost earnings, out-of-pocket losses for injuries sustained or property damaged, the costs for replacement locks, medical expenses, or obtaining an unlisted phone number, and reasonable attorney’s fees.

2. AFFIDAVIT

When you have completed the Complaint form, you must then complete the form entitled Affidavit. Describe the details of the harassment. If the harassment consisted only of conduct that was willful and malicious, but was not a violation of the criminal statutes listed on the Complaint form, you must describe at least 3 separate incidents of such harassment to be eligible for a Harassment Prevention Order. Fill out the Affidavit even if you are requesting relief after court hours unless a judge directs otherwise.

3. PLAINTIFF CONFIDENTIAL INFORMATION FORM

You must also fill out a Plaintiff Confidential Information Form, which lists your address, telephone number(s), email address, and related information. The information in this form is confidential and this form is not available to the public, the Defendant or the Defendant’s attorney. Except with a judge’s permission, this form is available to you, to your attorney, to those you authorize to have access, and to certain persons when access is necessary in the performance of their duties (prosecutors, law enforcement officers, victim-witness advocates, and sexual assault counselors).


However, if you request that the Defendant be ordered to remain away from your residence or work place addresses, those addresses will appear in the court Order. They will not be available to the public, but they will be disclosed to the Defendant. If you do not want those addresses to appear in the court Order and thereby be disclosed to the Defendant, you should specifically request that they be omitted from the court Order.

If you have good reasons why your addresses or other confidential information in this case should not be disclosed to those who would otherwise have access in the course of their duties (prosecutors, law enforcement officers, victim-witness advocates, and sexual assault counselors), you may file a Motion for Impoundment under Trial Court Uniform Rule VIII on Impoundment Procedure.

Other court records of this matter will generally be open to public inspection. You may also file a Motion for Impoundment if you have good reasons to ask a judge to keep other parts of the court record from public inspection. Usually a general preference for privacy is not alone a sufficient reason for a judge to impound court records from public inspection.

4. DEFENDANT INFORMATION FORM

The Plaintiff must also fill out the Defendant Information Form. Please provide the requested information to the best of your ability in order to identify the Defendant and where the Defendant can be found. If an Order is issued, this information will be used by law enforcement officers to locate the Defendant to deliver the Order.

COMPLAINT FOR PROTECTION FROM HARASSMENT G.L. c. 258E				DOCKET NO.	Massachusetts Trial Court 
A	<input type="checkbox"/> Boston Municipal Court	<input type="checkbox"/> District Court	<input type="checkbox"/> Juvenile Court	<input type="checkbox"/> Superior Court	DIVISION
B	NAME OF PLAINTIFF <i>(person seeking protection)</i>			NAME OF DEFENDANT <i>(person accused of harassment)</i>	
C	I am: <input type="checkbox"/> 18 or older <input type="checkbox"/> 17 <input type="checkbox"/> 16 or younger The Defendant is: <input type="checkbox"/> 18 or older <input type="checkbox"/> 17 <input type="checkbox"/> 16 or younger <input type="checkbox"/> I am under the age of 18 and _____ <i>(name), my _____ (relationship to Plaintiff), has filed this Complaint on my behalf.</i>			Are there any prior or pending actions between the Plaintiff and the Defendant? <input type="checkbox"/> NO <input type="checkbox"/> YES <i>If so, list court, type of case, date, and docket no. (if available).</i>	
D	I SUFFERED HARASSMENT WHEN: <input type="checkbox"/> On or about <i>(date(s))</i> _____ the Defendant committed 3 or more acts of willful and malicious conduct aimed at me which were committed with the intent to cause fear, intimidation, abuse, or damage to property and did in fact cause fear, intimidation, abuse, or damage to property. <input type="checkbox"/> On or about <i>(date)</i> _____ the Defendant by force, threat, or duress caused me to involuntarily engage in sexual relations. <input type="checkbox"/> On or about <i>(date)</i> _____ the Defendant committed against me an act that constitutes a violation of one of the following statutes: G.L. c. 265, §§ 13B, 13F, or 13H (indecent assault and battery), 22 or 22A (rape), 23 (statutory rape), 24 or 24B (assault with intent to rape), 26C (enticing a child), 43 (criminal stalking), or 43A (criminal harassment), or G.L. c. 272, § 3 (drugging for sexual intercourse).				
E	THEREFORE, I ASK THE COURT <input type="checkbox"/> To order the Defendant not to abuse me by physically harming me, attempting to physically harm me, or placing me in fear of imminent serious physical harm, and to stop harassing me (1) by any willful and malicious conduct aimed at me and intended to cause fear, intimidation, abuse, or damage to property, or (2) by using force, threat, or duress to make me engage in sexual relations unwillingly, or (3) by committing against me any act that constitutes a violation of any of the following statutes: G.L. c. 265, §§ 13B, 13F, or 13H (indecent assault and battery), 22 or 22A (rape), 23 (statutory rape), 24 or 24B (assault with intent to rape), 26C (enticing a child), 43 (criminal stalking), or 43A (criminal harassment), or G.L. c. 272, § 3 (drugging for sexual intercourse). <input type="checkbox"/> To order the Defendant not to contact me, unless authorized to do so by the Court. <input type="checkbox"/> To order the Defendant to remain away from my residence <i>(as listed on the Plaintiff Confidential Information form)</i> . <input type="checkbox"/> To order the Defendant to remain away from my workplace <i>(as listed on the Plaintiff Confidential Information form)</i> . <input type="checkbox"/> To order the Defendant to pay me \$ _____ in compensation for the following losses suffered as a direct result of the harassment: _____ _____ _____ <input type="checkbox"/> To order the relief I have requested, except for compensation for losses suffered, without advance notice to the Defendant because there is a substantial likelihood of immediate danger of harassment.				
Please complete the AFFIDAVIT, the PLAINTIFF CONFIDENTIAL INFORMATION form, and the DEFENDANT INFORMATION form.			DATE	PLAINTIFF'S SIGNATURE	
This is a request for a civil order to protect against future harassment. If the Court issues such a temporary Order, the Court will schedule a hearing within 10 court business days to determine whether such a temporary Order should be continued. The actions of the Defendant may also constitute a crime subject to criminal penalties. For information about filing a criminal complaint, you may talk with the District Attorney's Office where the alleged harassment occurred.					

AFFIDAVIT

Describe in detail the most recent incidents of harassment. If the harassment consisted only of conduct that was willful and malicious, but was not a violation of the listed criminal statutes, you must describe at least three separate incidents of such harassment. The Judge requires as much information as possible, such as what happened, each person's actions, the dates, locations, any injuries, and any medical or other services sought. Also describe any history of harassment, with as much of the above detail as possible. Note: Unless the Court allows a motion to impound, this affidavit will be public record, including any names or specific addresses included in the affidavit.

On or about _____ (date), the Defendant:

If more space is needed, attach additional pages and check this box: ☐

I declare under penalty of perjury that all statements of fact made above, and in any additional pages attached are true.

DATE SIGNED	PLAINTIFF'S SIGNATURE	
WITNESSED BY	PRINTED NAME OF WITNESS	TITLE OF WITNESS
<input type="checkbox"/> If this box is checked, this form was completed by a police officer with information provided by the Plaintiff.	SIGNATURE OF OFFICER	PRINTED NAME/TITLE OF OFFICER

I have transcribed the above affidavit for the Plaintiff.

TRANSCRIBER'S SIGNATURE	PRINTED NAME OF TRANSCRIBER	<input type="checkbox"/> Court Certified Interpreter <input type="checkbox"/> Court Screened Interpreter <input type="checkbox"/> Other: _____ <input type="checkbox"/> Remote Translation via Telephone/Video
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PLAINTIFF CONFIDENTIAL INFORMATION FORM
G.L. c. 209A, § 8 or G.L. c. 258E, § 10

DOCKET NO. (for court use only)

Massachusetts Trial Court



This form should be sealed in an envelope marked “PLAINTIFF’S ADDRESS – CONFIDENTIAL.”

PLAINTIFF’S NAME

PLAINTIFF’S DATE OF BIRTH

☐ If this box is checked, the Plaintiff requests/requires an interpreter. Language: _____

PLAINTIFF’S EMAIL ADDRESS

PLAINTIFF’S CELLPHONE NO.

PLAINTIFF’S RESIDENTIAL ADDRESS

PLAINTIFF’S RESIDENTIAL TELEPHONE NO.

If this is an apartment building or other multiple family dwelling, check here ☐

ANY FORMER ADDRESS PLAINTIFF HAS LEFT TO AVOID ABUSE (for G.L. c. 209A abuse prevention cases only)

NAME OF PLAINTIFF’S WORKPLACE

ADDRESS OF PLAINTIFF’S WORKPLACE

PLAINTIFF’S WORKPLACE TELEPHONE NO.

NAME OF PLAINTIFF’S SCHOOL

ADDRESS OF PLAINTIFF’S SCHOOL

PERSONS AUTHORIZED BY PLAINTIFF TO HAVE ACCESS TO THIS CONFIDENTIAL INFORMATION

DATE

PLAINTIFF’S SIGNATURE


THIS FORM IS CONFIDENTIAL AND IS NOT AVAILABLE TO THE PUBLIC, THE DEFENDANT, OR THE DEFENDANT’S ATTORNEY.

Except with a judge’s permission, this form is available only to you, to your attorney, to those you authorize to have access (see above), and to certain persons when access is necessary in the performance of their duties (prosecutors, law enforcement officers, victim-witness advocates, sexual assault counselors, and, in G.L. c. 209A cases, domestic violence counselors).

IF A JUDGE ORDERS THE DEFENDANT TO REMAIN AWAY FROM YOUR RESIDENCE, WORKPLACE, OR SCHOOL, THOSE ADDRESSES WILL APPEAR IN THE COURT ORDER. THEY WILL NOT BE AVAILABLE TO THE PUBLIC BUT THEY WILL BE DISCLOSED TO THE DEFENDANT. If you do not want those addresses to appear in the court Order and thereby be disclosed to the Defendant, you should specifically request that they be omitted from the court Order.

If you and the Defendant are both over 18, court records of this matter will generally be open to public inspection. If you have good reasons to ask a judge to keep other parts of the court record from public inspection, ask the Clerk’s or Register’s Office to explain how to file a Motion for Impoundment under Trial Court Uniform Rule VIII on Impoundment Procedure. You may also file a Motion for Impoundment if you have good reasons why your addresses or other confidential information in this case should not be disclosed to those who would otherwise have access in the course of their duties (prosecutors, law enforcement officers, victim-witness advocates, sexual assault counselors and, in G.L. c. 209A cases, domestic violence counselors). Usually, a general preference for privacy is not alone a sufficient reason for a judge to impound court records from public inspection.

If either you or the Defendant is under 18, other court records of this matter will not be open to public inspection, and will be available only to you and the Defendant, and to your attorneys. They will also be available to the parent or guardian of any party who is under 18.

DEFENDANT INFORMATION FORM AS PROVIDED BY PLAINTIFF G.L. c. 209A or G.L. c. 258E				DOCKET NO. <i>(for court use only)</i>		Massachusetts Trial Court 	
The below information is requested to help police to identify and locate the Defendant in order to serve the Defendant with a copy of any abuse prevention or harassment prevention Order that is issued. Please provide as much information as possible.							
DEFENDANT'S NAME						DATE OF BIRTH	
DEFENDANT'S CELLPHONE NO.				DEFENDANT'S EMAIL ADDRESS			
OTHER NAMES USED BY THE DEFENDANT, IF ANY						PLACE OF BIRTH	
MOTHER'S MAIDEN NAME (FIRST & LAST)			FATHER'S NAME (FIRST & LAST)			LAST FOUR SOCIAL SECURITY NO. XXX – XX –	
SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	RACE	EYES	HAIR	HEIGHT	WEIGHT	PHOTO AVAILABLE <i>(helpful for ID)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	
BUILD		OTHER PHYSICAL CHARACTERISTICS <i>(beard, glasses, scars, tattoos, complexion, hairstyle)</i>					
DEFENDANT'S HOME ADDRESS (NO., STREET, CITY, STATE, ZIP)						DEFENDANT'S HOME TELEPHONE NO.	
APT. NO.	FLOOR NO.	NAME ON DOOR/MAILBOX		DOES DEFENDANT UNDERSTAND ENGLISH? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NOT, WHAT LANGUAGE(S)?			
DEFENDANT'S EMPLOYER/WORKPLACE						WORK TELEPHONE NO.	
WORK ADDRESS (NO., STREET, CITY, STATE, ZIP)						TITLE	
DEPARTMENT						WORK HOURS	
MOTOR VEHICLE LICENSE PLATE			YEAR	MAKE	MODEL	COLOR	
DOES DEFENDANT HAVE: <i>(describe very briefly)</i> A history of violence toward police officers? <input type="checkbox"/> NO <input type="checkbox"/> YES A history of using and/or abusing drugs and/or alcohol? <input type="checkbox"/> NO <input type="checkbox"/> YES What kind? Access to or possess guns, ammunition, a license to carry, a FID card? <input type="checkbox"/> NO <input type="checkbox"/> YES What kind? Mental health problems? <input type="checkbox"/> NO <input type="checkbox"/> YES What kind?							
ANY OTHER INFORMATION WHICH MIGHT BE HELPFUL IN LOCATING THE DEFENDANT <i>(Include best place and/or time to find, temporary residence, friends' and/or relatives' houses, etc.)</i>							
DATE		PRINT PLAINTIFF'S NAME			PLAINTIFF'S SIGNATURE		