

For Clerk's Use Only

Name of Lawyer: \_\_\_\_\_

Lawyer's Address: \_\_\_\_\_

Lawyer's Telephone: \_\_\_\_\_

Lawyer's Email: \_\_\_\_\_

Lawyer's Bar Number: \_\_\_\_\_

Lawyer for [ ] Victim

**SUPERIOR COURT OF ARIZONA  
IN YAVAPAI COUNTY**

STATE OF ARIZONA \_\_\_\_\_

Plaintiff

\_\_\_\_\_

Defendant

Case Number: \_\_\_\_\_

**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 lifetime.

**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 with an asterix (\*) 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: YAVAPAI COUNTY SUPERIOR 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 No. AOCLTINJ2F).**