

STATE OF MICHIGAN 3 <sup>rd</sup> CIRCUIT COURT WAYNE COUNTY	VERIFIED ADDENDUM TO PETITION FOR A PPO	CASE NO. (Place Label Here)
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PETITIONER

Age

RESPONDENT

Age

V.

What has this person done to make you feel that you need a PPO? Give the date when it occurred, location where the incident occurred, and state what actually happened. **PLEASE GIVE SPECIFIC DETAILS ON WHAT HAPPENED!!** (Do not just say he/she threatened me. State exactly what was said and done).

**START WITH THE NEWEST MOST RECENT OCCURENCE.**

**WRITE IN THE DATE AND LOCATION WHERE THE INCIDENT OCCURRED.**

1. Date: \_\_\_\_\_ Location: \_\_\_\_\_

What Happened? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Were the police called? ☐ Yes ☐ No If yes, fill out the Police Response Form.

2. Date: \_\_\_\_\_ Location: \_\_\_\_\_

What Happened? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Were the police called? ☐ Yes ☐ No If yes, fill out the Police Response Form.

3. Date: \_\_\_\_\_ Location: \_\_\_\_\_

What Happened? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Were the police called? ☐ Yes ☐ No If yes, fill out the Police Response Form.

Has the Respondent interfered with your employment? ☐ Yes ☐ No If yes, when: \_\_\_\_\_

(ATTACH EXTRA SHEETS IF NECESSARY)

VERIFICATION UNDER MCR 2.114(2)(b):

**I, the undersigned, declare that the statements above are true to the best of my information, knowledge and belief.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Petitioner