

Do Not Serve or Show This Sheet to the Restrained Person

**Court Clerks: Give this form to Law Enforcement.
Do not File in the court file.**

Case Number

Domestic Violence Dissolution/Separation/Invalidity/Nonparental Custody/Paternity Antiharassment Sexual Assault

Law Enforcement Information

This completed form is required by law enforcement. This information is **necessary** to serve, enforce and enter your order into the state wide law enforcement computer. Fill in the following information as completely as possible. Type or print only.

Restrained Person's Information

Name of Restrained Person (Last, First, Middle)

Drivers License or ID Number (specify type)

Nickname

Sex

Race

Birth date

Height

Weight

Eye Color

Hair Color

Skin Tone

Build

Relation to Protected Person

Last Known Address (Street, City, State, Zip)

Home Phone

Interpreter Required?
Language:

Other Address (Street, City, State, Zip), if any:

Employer

Employer's Address

Work
Hours:
Phone:

Vehicle License Number

Vehicle Make and Model

Vehicle Color

Vehicle Year

Protected Person's Information

Name of Protected Person (Last, First, Middle)

Sex:

Race:

Birth date:

If your information **is not confidential**, you must enter your address and phone number(s).

Current Address (Street, City, State, Zip)

Phone

If your information **is confidential**, you must provide the name, address and phone number of someone willing to be your "contact."

Contact Name

Contact Address

Contact Phone

(For SA Orders Only) Name and contact phone number of person filing petition on behalf of protected person:

Minor's Information

Describe the minor's relationship using terms such as: **child, grandchild, stepchild, nephew, none.** →

Minor's Relationship to Protected Person Restrained Person

Minor's Name (Last, First, Middle)

Sex

Race

Birth date

Resides With

Person

Person

Hazard Information

Weapons Guns/Rifles Knives Explosives Other Location of Weapons:

Describe in detail:

Vehicle
On Person
Residence

Current Status (For DV Orders Only) (circle)

Are you and the restrained person living together right now? Yes No
Does the restrained person know you are trying to get this order? Yes No
Does the restrained person know he/she may be moved out of home? Yes No
Is the restrained person likely to react violently when served? Yes No

Restrained Person's History Includes:

Mental Health Problems (Commitment, Treatment, Suicide Attempt, Other) Assault Assault with Weapons
 Alcohol/Drug Abuse

See Reverse For Additional Information

Prepared by:

Date:

