

**LAW ENFORCEMENT  
INFORMATION**

**Do NOT serve or show this sheet to the restrained person!**  
**Do NOT FILE in the court file. Give this form to law enforcement.**

**Type or print clearly!**

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

Court:	Case Number:
<input type="checkbox"/> Domestic Violence	<input type="checkbox"/> Dissolution/Separation/Invalidity/Non-parental Custody/Paternity
<input type="checkbox"/> Unlawful Harassment	<input type="checkbox"/> Vulnerable Adult
<input type="checkbox"/> Sexual Assault	<input type="checkbox"/> Stalking

**Restrained Person's Information**

(This is the person that you want the court to restrain.)

<b>Name:</b>			First	Middle	Last	Nickname	Relationship to Protected Person		
Date of Birth	Sex	Race	Height	Weight	Eye Color	Hair Color	Skin Tone	Build	
Last Known Address					Phone(s) w/Area Code		Need Interpreter? <b>Yes or No</b> Language:		
Street:									
City:			State:	Zip:					
Email address:									
Employer		Employer's Address				WORK Hours: Phone: (     )			
Vehicle License Number	Vehicle Make and Model		Vehicle Color	Vehicle Year	Drivers License or ID number		State		

**Does the restrained person have a disability, brain injury, or impairment requiring special assistance** when law enforcement serves the order?  No  Yes. If yes, describe (continue on back, if needed):

**Hazard Information** Restrained Person's History Includes:

Involuntary/Voluntary Commitment     Suicide Attempt or Threats  
 Assault     Assault with Weapons     Alcohol/Drug Abuse     Other:

**Weapons:**  Handguns     Rifles     Knives     Explosives     Other:

**Location of Weapons:**     Vehicle     On Person     Residence    Describe in detail:

**Current Status** (Circle Yes, No or N/A.)

Is the restrained person a current or former cohabitant as an intimate partner? **Y N**

Are you and the restrained person living together now? **Y N**

Does the restrained person know he/she may be moved out of the home? **Y N N/A**

Does the restrained person know you're trying to get this order? **Y N**

Is the restrained person likely to react violently when served? **Y N**

**Protected Person's Information**  
(This is the person you want the court to protect.)

<b>Name:</b>		First	Middle	Last				
Date of Birth	Sex	Race	Height	Weight	Eye Color	Hair Color	Skin Tone	Build

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

Current Address Street: City:	State: Zip:	Phone(s) w/Area Code	Need interpreter? <b>Yes or No</b> Language:
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Email address:

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
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If you filed for someone else, list your name, phone number, and address:

**Minor's Information**

Name: First	Middle	Last	Sex	Race	Birth date	Resides With

Below, describe the minor's relationship to the protected or restrained person using terms such as: child, grandchild, stepchild, nephew, none.

Name: First	Middle	Last	Minor's Relationship to Protected Person	Minor's Relationship to Restrained Person

**Victim's Household Members or Adult Children Protected**

Name:	birth date:
Name:	birth date:
Name:	birth date:
Name:	birth date: