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| **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!** Law enforcement **needs this form** to serve the restrained person and enforce the order if it is violated. They also need it to make sure other courts and law enforcement agencies know about your order. Please fill in as much information as you can. If any information changes, please fill out another copy and give it to the court. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Court: | | | | | | | | | | | | | | Case Number: | | | | | | | | | | | | | |
| [ ] Domestic Violence [ ] Sexual Assault [ ] Dissolution/Separation/Invalidity/Paternity/Parenting Plan  [ ] Unlawful Harassment [ ] Stalking [ ] Vulnerable Adult | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Restrained Person’s Information**  (This is the person that you want the court to restrain.) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name:**  First Middle Last | | | | | | | | | | | | | | | | | | | | | Date of Birth  (if DOB unknown give age range) | | | | | | |
| Nickname/Alias/AKA (“Also known as”) | | | | | | | | | | | | | | | | | | | | | Relationship to Protected Person | | | | | | |
| Sex | | Race | | | | | | Height | | Weight | | | | Hair Color | | | Eye Color | | | | Skin Tone | | | | Build | | |
| Phone(s) w/Area Code (voice): | | | | | | | | | | | | | Need Interpreter?  [ ] No [ ] YesLanguage: | | | | | | | | | | | | | | |
| **Where can the restrained person  be served?**  *List all known contact information.* | | | | Last Known Address. Street:  City: State: Zip: | | | | | | | | | | | | | | | | | | | | | | | |
| Cell number (text): | | | | | | | | | | | | | | | | | | | | | | | |
| Email: | | | | | | | | | | | | | | | | | | | | | | | |
| Social Media Account/s & User Name/s: | | | | | | | | | | | | | | | | | | | | | | | |
| Other: | | | | | | | | | | | | | | | | | | | | | | | |
| Employer | | | | Employer's Address | | | | | | | | | | | | | | | | | WORK  Hours:  Phone: ( ) | | | | | | |
| Vehicle Make and Model | | | | Vehicle License Number | | | | | | 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 (How recent? \_\_\_\_\_\_\_\_\_) [ ] Threats to “suicide by cop” [ ] Assault [ ] Assault with Weapons [ ] Alcohol/Drug Abuse [ ] Other:  **Concealed Pistol License:** [ ] Yes [ ] No **Weapons:** [ ] Handguns [ ] Rifles [ ] Knives[ ] Explosives [ ] Other:  **Location of Weapons**: [ ] Vehicle [ ] On Person [ ] Residence Describe in detail: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Current Status** Is the restrained person a current or former cohabitant as an intimate partner? [ ] **Yes** [ ] **No**  Are you and the restrained person living together now? [ ] **Yes** [ ] **No**  Does the restrained person know they may be moved out of the home? [ ] **Yes** [ ] **No** [ ] **N/A**  Does the restrained person know you are trying to get this order? [ ] **Yes** [ ] **No**  Is the restrained person likely to react violently when served? [ ] **Yes** [ ] **No** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Protected Person’s Information**  (This is the person you want the court to protect.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name:**  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 | | | | | | | | | | |
| Email address: | | | | | | | | | | | | | | | | | | | | | | Need interpreter? [ ] No [ ] Yes  If yes, language: | | | | | | |
| 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 | | | | | | |
| If you filed for someone else, list your name, phone number, and address: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Minor’s Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *For relationship, use terms such as child, grandchild, stepchild, nephew, or none.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **1** | **Name:** First Middle Last | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Birth Date | | | | Sex | | | | | | Race | | | | | | | | | | | | Resides With | | | | | |
| Relationship to Protected Person: | | | | | | | | | | Relationship to Restrained Person: | | | | | | | | | | | | | | | | | |
| **2** | **Name:** First Middle Last | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Birth Date | | | | Sex | | | | | | Race | | | | | | | | | | | | Resides With | | | | | |
| Relationship to Protected Person: | | | | | | | | | | Relationship to Restrained Person: | | | | | | | | | | | | | | | | | |
| **3** | **Name:** First Middle Last | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Birth Date | | | | Sex | | | | | | Race | | | | | | | | | | | | Resides With | | | | | |
| Relationship to Protected Person: | | | | | | | | | | Relationship to Restrained Person: | | | | | | | | | | | | | | | | | |
| **4** | **Name:** First Middle Last | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Birth Date | | | | Sex | | | | | | Race | | | | | | | | | | | | Resides With | | | | | |
| Relationship to Protected Person: | | | | | | | | | | Relationship to Restrained Person: | | | | | | | | | | | | | | | | | |
| **Victim’s Household Members or Adult Children Protected** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: birth date: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: birth date: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: birth date: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: birth date: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |