

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

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 <i>is not confidential</i> , enter your address and phone number(s).						
Current Address (Street, City, State, Zip)					Phone	
If your information <i>is confidential</i> , you may provide the name, address and phone number of someone willing to be your "contact."						
Contact Name		Contact Address			Contact Phone	

MINOR'S INFORMATION		Describe the minor's relationship using terms such as: child, grandchild, stepchild, nephew, none. →				Minor's Relationship to Protected Restrained Person Person	
Minor's Name (Last, First, Middle)		Sex	Race	Birth date	Resides With		

HAZARD INFORMATION	Weapons	Guns/Rifles	Knives	Explosives	Other	Location of Weapons:
Describe in detail:						Vehicle <input type="checkbox"/>
						On Person <input type="checkbox"/>
						Residence <input type="checkbox"/>

CURRENT STATUS (For DV Orders Only) (circle)	Restrained Person's History Includes:
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Are you and the restrained person living together right now?	Yes	No	<input type="checkbox"/> Mental Health Problems (Commitment, Treatment, Suicide Attempt, Other) <input type="checkbox"/> Assault <input type="checkbox"/> Assault with Weapons <input type="checkbox"/> Alcohol/Drug Abuse
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	

See Reverse For Additional Information

Prepared by:

Date