

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 statewide 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	<input type="checkbox"/> 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
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If your information **is not confidential**, enter your address and phone number(s).

Current Address (Street, City, State, Zip)	Phone
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If your information **is confidential**, you may provide the name, address and phone number of someone willing to be your "contact."

Contact Name	Contact Address	Contact Phone
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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)

Restrained Person's History Includes:

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
Does the restrained person know you are trying to get this order?	Yes	No	<input type="checkbox"/> Alcohol/Drug Abuse		
Does the restrained person know he/she may be moved out?	Yes	No			
Is the restrained person likely to react violently when served?	Yes	No			

Prepared by:

Date: