

**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 state wide law enforcement computer. Fill in the following information as completely as possible.

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

**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
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Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female	Race	Height	Weight	Eye Color	Hair Color	Skin Tone	Build
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Last Known Address				Phone(s) w/Area Code	Need Interpreter? Yes or No
Street:					Language:
City:		State:	Zip:		

Employer	Employer's Address	WORK Hours: Phone: ( )
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Vehicle License Number	Vehicle Make and Model	Vehicle Color	Vehicle Year	Drivers License or ID number	State
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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
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Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female	Race	Height	Weight	Eye Color	Hair Color	Skin Tone	Build
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If your information **is not confidential**, you must enter your address and phone number(s).

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

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

<b>Victim's Household Members or Adult Children Protected</b>		Name:	birth date:
Name:	birth date:	Name:	birth date: