Confidential LAW ENFORCEMENT SERVICE INFORMATION

To be completed and provided for ALL Orders of Protection - Temporary, Extensions, or Permanent. PLEASE PROVIDE AS MUCH INFORMATION AS POSSIBLE. If you do not provide enough of the required information below, law enforcement may not be able to serve your order. This information is used for law enforcement purposes only, will remain CONFIDENTIAL, and will NOT be given to any other party.

Middle Initial:

You (Please fill in as much information as possible – this information will not be given out):

First:

Date of Birth:	Race:	e: Male [] Female []			Social Security No.:				
Home Address:			City:		St	State:		Zip:	
Home Phone No.:				Message Pho	ne No.:				
Work Name and Address:		Phone No.:							
Name of Relative or Friend Not Living With You:			Ph		Phone I	none No.:			
Other Persons You W	ish Prote	ction For	r: (Please use	additional	page, if	needed)		
Last Name:			First:			Middle Initial:			
Date of Birth:	Race:	Ma	le[] Female[]	Social Security No.:					
Home Address:			City:		St	State:		Zip:	
Last Name:			First:			Middle Initial:			
Date of Birth:	Race:	Ma	Male [] Female []			Social Security No.:			
Home Address:			City:		St	State:		Zip:	
Last Name:			First:			Middle Initial:			
Date of Birth:	Race: Ma		Male [] Female []		Social Security No.:				
Home Address:			City:		State:		Zip:		
The Person Against W	/hom You	Are See		der:					
Last Name:			First:			Middle Initial:			
Date of Birth:	Race: Male [] Female [Social Security No.:					
Home Address:			City:		St	State:		Zip:	
Home Phone No.:			Message Phone No.:						
Height:	Weigh	it:	Hair Color:			Eye Col		lor:	
Describe any tattoos or scars:									
1.0									
Employer: Phon			ne No.:			Work Days/Hours:			
Address:			City:		St	State:		Zip:	
Name of Relative or Friend:						Phone No.:			
Make & Model of Car:						Year: Color:		7	
License Plate No.:		State:							

Additional Important Information:

Has this person been convicted of a crime? YES[] NO[] Don't Know[]	If YES, What?
Does this person have any weapons? YES [] NO [] Don't Know []	
Do you consider this person dangerous? YES [] NO []	
Places this person may be found:	

Include written directions or a map if a street address is not available. Without sufficient address information, service of the order may be delayed or may not be possible.

Please use this space for any additional information (i.e. Additional Protected Family Members).