

**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:	
<input type="checkbox"/> Domestic Violence	<input type="checkbox"/> Sexual Assault	<input type="checkbox"/> Dissolution/Separation/Invalidity/Paternity/Parenting Plan
<input type="checkbox"/> Unlawful Harassment	<input type="checkbox"/> Stalking	<input type="checkbox"/> 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
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Phone(s) w/Area Code (voice):	Need Interpreter? <input type="checkbox"/> No <input type="checkbox"/> Yes Language:
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<p align="center">Where can the restrained person be served? <i>List all known contact information.</i></p>	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: ()
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Vehicle Make and Model	Vehicle License Number	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 (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
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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
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Email address:	Need interpreter? [] No [] Yes If yes, language:
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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

For relationship, use terms such as child, grandchild, stepchild, nephew, or none.

1	Name: First Middle Last		
	Birth Date	Sex	Resides With
	Relationship to Protected Person:		Relationship to Restrained Person:

2	Name: First Middle Last		
	Birth Date	Sex	Resides With
	Relationship to Protected Person:		Relationship to Restrained Person:

3	Name: First Middle Last		
	Birth Date	Sex	Resides With
	Relationship to Protected Person:		Relationship to Restrained Person:

4	Name: First Middle Last		
	Birth Date	Sex	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: