

**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 statewide 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/Non-parental Custody/Paternity |
| <input type="checkbox"/> Unlawful Harassment | <input type="checkbox"/> Vulnerable Adult |
| <input type="checkbox"/> Sexual Assault | <input type="checkbox"/> Stalking |

Restrained Person's Information

(This is the person that you want the court to restrain.)

Name:	First	Middle	Last	Nickname	Relationship to Protected Person
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Date of Birth	Sex	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:		

Email address:

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:

- | | | | |
|---|---|---|---------------------------------|
| <input type="checkbox"/> Involuntary/Voluntary Commitment | <input type="checkbox"/> Suicide Attempt or Threats | | |
| <input type="checkbox"/> Assault | <input type="checkbox"/> Assault with Weapons | <input type="checkbox"/> Alcohol/Drug Abuse | <input type="checkbox"/> 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.)

Name:								
First			Middle			Last		
Date of Birth	Sex	Race	Height	Weight	Eye Color	Hair Color	Skin Tone	Build
If your information <i>is not confidential</i> , you must enter your address and phone number(s) below.								
Current Address					Phone(s) w/Area Code		Need interpreter?	
Street:							Yes or No	
City:					State:		Language:	
Zip:								
Email address:								
If your information <i>is confidential</i> , you must provide the name, address, and phone number of someone willing to be your "contact."								
Contact Name			Contact Address			Contact Phone		

If you filed for someone else, list your name, phone number, and address:

Minor's Information

Name: First	Middle	Last	Sex	Race	Birth date	Resides With

Below, describe the minor's relationship to the protected or restrained person using terms such as: child, grandchild, stepchild, nephew, none.

Name: First	Middle	Last	Minor's Relationship to Protected Person	Minor's Relationship to Restrained Person

Victim's Household Members or Adult Children Protected

Name:	birth date:
Name:	birth date:
Name:	birth date:
Name:	birth date: