

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: |
|--------|--------------|

| | |
|--|--|
| <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.)

| | | | | | |
|--------------|-------|--------|------|----------|----------------------------------|
| Name: | First | Middle | Last | Nickname | Relationship to Protected Person |
|--------------|-------|--------|------|----------|----------------------------------|

| | | | | | | | | |
|---------------|--|------|--------|--------|-----------|------------|-----------|-------|
| Date of Birth | <input type="checkbox"/> Male <input type="checkbox"/> Female | Race | Height | Weight | Eye Color | Hair Color | Skin Tone | Build |
|---------------|--|------|--------|--------|-----------|------------|-----------|-------|

| | | | | | |
|--------------------|--|--------|------|----------------------|---|
| 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: () |
|----------|--------------------|---------------------------|

| | | | | | |
|------------------------|------------------------|---------------|--------------|------------------------------|-------|
| Vehicle License Number | Vehicle Make and Model | Vehicle Color | Vehicle Year | Drivers License or ID number | State |
|------------------------|------------------------|---------------|--------------|------------------------------|-------|

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.)

| | | | |
|--------------|-------|--------|------|
| Name: | First | Middle | Last |
|--------------|-------|--------|------|

| | | | | | | | | |
|---------------|--|------|--------|--------|-----------|------------|-----------|-------|
| Date of Birth | <input type="checkbox"/> Male <input type="checkbox"/> Female | Race | Height | Weight | Eye Color | Hair Color | Skin Tone | Build |
|---------------|--|------|--------|--------|-----------|------------|-----------|-------|

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 |
|--------------|-----------------|---------------|

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 | Sex | Race | Birth date | Resides With | Person | Person |
| | | | | | | | | |
| | | | | | | | | |

| | | |
|---|-------------|-------------|
| Victim's Household Members or Adult Children Protected | Name: | birth date: |
| Name: | birth date: | Name: |
| | birth date: | birth date: |