

Confidential

Family Violence/Stalking Protective Order Information Sheet

Case# 20	PO:	Photo ID#:
Eviction: Y___ or N___	Child Custody: Y___ or N___	Ages: _____
Retrieve Keys___ / Property___ : Y___ or N___		
House___ / Car___ / Garage Door Opener___ / Vehicle___ / Weapons___ / Other: _____		

Please Fill Out As Complete As Possible

1. **Defendant's Name:** _____ Nickname: _____
D.O.B: _____ Social Security Number: _____
Relationship: Spouse or Ex___ / Boy/Girlfriend or Ex___ / Acquaintance___ / Neighbor___ / Co-Worker___ / Other ___
If **Other** State Relationship: _____
Race: _____ Sex: Male___ OR Female___ Height: _____ Weight: _____ Age: _____
Hair Color: _____ Eye Color: _____ Build: _____

Eviction: Is the Defendant to be removed from the residence?: Y___ or N___
Has Defendant already moved?: Y___ or N___ If so: When?: _____
Will Defendant open the door?: Y___ or N___ Do you have a picture we can copy for our file?: Y___ or N___

2. **Vehicle:** Year: _____ Make: _____ Model: _____ Color: _____ Tag: _____ State: _____
Any additional Vehicle Characteristic: _____

3. **Defendant's Address:** _____ City: _____ St: _____ Zip: _____
Employer: _____ Address: _____ City: _____ St: _____ Zip: _____
Hours: _____ Days Off: _____ Works Inside of the building? Y___ or N___
Home Number: _____ Work: _____ Cell: _____

4. **Service Time:** What is the best time to serve this order?: _____
Where are they now?: _____ Favorite Hangouts: _____
Name and Address of family members who might know where the defendant is:

5. **Warrants:** Y___ or N___ Wanted?___ or Arrested?___ What county issued warrant?: _____

6. **Weapons:** Y___ or N___ If yes, describe type(s) of weapons: _____
Where are they kept or hidden: _____ Retrieved: Y___ or N___

7. **Prior Arrests:** Y___ or N___ Currently in jail?: Y___ or N___ If so, which jail?: _____
Is the defendant currently on Probation: Y___ or N___ Drug Abuse?: Y___ or N___ Alcohol?: Y___ or N___

8. **Plaintiff's (Victim) Name:** _____ D.O.B: _____ Race: _____ Sex: M___ OR F___
Current Address: _____ City: _____ St: _____ Zip: _____
Employer: _____ Address: _____ City: _____ St: _____ Zip: _____
Home Number: _____ Work: _____ Cell: _____

Information Taken By: _____ **Date:** _____ **Time:** _____

Serving Deputy: _____ **Employee Number:** _____ **Time:** _____