

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:
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<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:		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		

Hazard Information Restrained Person's History Includes:

Mental Health Problems (Commitment, Treatment, Suicide Attempt, Other) Assault Assault with Weapons Alcohol/Drug Abuse

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:		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
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If you filed the petition for someone else, list your name, contact 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	
Name: First	Middle	Last	Sex	Race	Birth date	Resides With	Protected Person	Restrained Person