

**CONFIDENTIAL**  
 Law Enforcement Service Information Sheet  
 For  
**DOMESTIC VIOLENCE PROTECTION ORDERS**

**INSTRUCTIONS:** Please provide as much information as you can on this sheet. YOU MUST FILL IN EACH BLANK IN THE SHADED AREAS. If you do not, law enforcement will not serve your domestic violence order on the person who has abused you and the form will be returned to the court clerk.

**Information About You:**

Last Name:		First:		Middle Initial:
Date of Birth:	Race:	Male [ ] Female [ ]	Social Security No.	
Present Address:		City::	State:	Zip:
Home Phone No.		Another Phone No. Where Messages Can Be Left:		
Where Do You Work:			Work Phone No.	
Name of Relative of Friend Not Living With You:				Their Phone No.

**Information About Person Who Abused You:** (If you are seeking a domestic violence protection order against more than one person, fill out this portion for each person.)

Last Name:		First:		Middle Initial:
Date of Birth:	Race:	Male [ ] Female [ ]	Social Security No.	
Present Address:		City::	State:	Zip:
Home Phone No.		Another Phone No. Where Messages Can Be Left:		
Employer/Company Name:		Phone No.	Work Days/Hours:	
Business Address:		City:	State:	Zip:
Name of Relative or Friend:				Their Phone No.
Make & Model of Car:		Color:	Year:	
License Plate No.:		State of License Plate:		

**What Does This Person Look Like:**

Height:	Weight:	Hair Color:	Eye Color:
Describe Any Scars or Tattoos:			

**Additional Important Information:**

Has This Person Been Convicted of a Crime? YES [ ] NO [ ]	If YES, for What?
Do You Consider This Person Dangerous? YES [ ] NO [ ]	Does This Person Have Any Weapons? YES [ ] NO [ ]
Places Where This Person Can Be Found:	

Directions must be drawn if a street number is not available. A route or box number is not enough. Without sufficient address information, service of the order may be delayed or may not be possible.