

Description of Respondent's Vehicle:

Drivers Lic. No.: _____ Issuing State: _____ Expiration Year: _____
Vehicle Lic. No.: _____ Vehicle Year: _____ Issuing State: _____ Type: _____
Make: _____ Model: _____ Color(s): _____ VIN: _____

Does the Respondent:

Carry a weapon or keep a weapon nearby? _____ Where and what kind? _____
Have a history of mental illness? _____ Use or abuse alcohol or drugs? _____ What kind? _____
Have a history of violence toward others? _____ Make threats against law enforcement?
Other Comments: _____
