

**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.