

PROTECTION ORDER SERVICE INFORMATION

DEFENDANT

Defendant's Name: _____

Home Address: _____

Apartment No. and / or floor: _____

Color of house or other description: _____

If living with another person, other person's name: _____

Telephone: Home/cell: _____

Hours defendant will most likely be at home: _____

Name of Employer: _____

Work Address: _____

Work Schedule: S M T W Th F S Hours Worked: _____ AM/PM to _____ AM/PM
(Circle Work Days)

PHYSICAL DESCRIPTION (If known)

VEHICLE (If known)

Birth Date: _____

Make and Year: _____

Height: _____

Type/Model: _____

Weight: _____

Color: _____

Hair Color: _____

Registration No. and State: _____

Eye Color: _____

Gender: _____

Race: White Black Asian or Pacific Islander Amer. Indian/Alaskan Native Unknown

If you are unable to provide the above information, please list below the name, address and telephone number of anyone who can help the serving officer locate the defendant:

ADDITIONAL INFORMATION

Does the defendant own a firearm or other weapon? _____

If so, where is the weapon usually kept? _____

Does the defendant have a history of violence? _____

Is there anything else the serving officer should know about the defendant? _____

PLAINTIFF

Plaintiff's Name: _____

Address (unless confidential): _____

Telephone: Home/cell: (Unless confidential) _____