

Information Sheet

(This section to be completed by **Clerk**)

Date: _____ Case No. _____ /Division _____ Judge: _____

Injunction Issued Date: _____ Injunction Hearing Date: _____

(This section to be completed by **Petitioner**)

(Below please indicate if on behalf of children and names)

Petitioner Name: _____ Race _____ Sex _____ DOB _____

MNBF/FNBF/GNBF: _____ Race _____ Sex _____ DOB _____

Street Address: _____

(Number, Street, City, State & Zip Code. Do not include P.O. Boxes)

Home Phone _____ Cell Phone _____

E-mail Address _____

Relationship between the Parties:

Spouse Former Spouse Child in common Living Together as if a Family

Family Member (Describe Relationship) _____ Other (Neighbor, friend, co-worker)

Respondent Name: _____ Race _____ Sex _____ DOB _____

MNBF/FNBF/GNBF: _____ Race _____ Sex _____ DOB _____

Alias (es): _____

Physical Description: Height: _____ Weight: _____ Hair: _____ Eye Color: _____

Scars/Tattoos/Marks: _____

Check all that apply

Violent Tendencies

Alcoholic

Armed & Dangerous

Known to abuse drugs

Mental Health problems

Other _____

Street Address: _____

(Number, Street, City, State & Zip Code. Do not include P.O. boxes)

Place of Employment: _____

Employment Address: _____

Home Phone _____ Cell Phone _____

Best Place to Make Service (**Check One Only**) Home Place of Employment

Other location for service: _____ Best Time for Service: _____

Vehicle Description & License Tag Number: _____

(This section to be completed by **Clerk**)

Protection Order Conditions (Circle all that apply): 01 02 03 04 05 06 07 08 09

Type of Injunction: DV w/Child DV w/out Child Repeat Dating Sexual

Indicate stay away footage: **500 Feet**