

# LAW ENFORCEMENT SERVICE INFORMATION

## *Confidential*

Please provide as much information as you can. **YOU MUST FILL IN ALL THE SHADED AREAS.** If you do not, law enforcement will not serve your order and the form will be returned to the court clerk.

**You** (Remember you **MUST** fill in all the shaded areas):

Last Name:		First:		Middle Initial:
Date of Birth:	Race:	Male ( ) Female ( )	Social Security No.:	
Home Address:		City:	State:	Zip:
Home Phone No.:			Message Phone No.:	
Work Name and Address:			Phone No.:	
Name of Relative or Friend Not Living With You:			Phone No.:	

**Other Persons You Wish Protection For:** (Please use additional page, if needed)

Last Name:		First:		Middle Initial:
Date of Birth:	Race:	Male ( ) Female ( )	Social Security No.:	
Home Address:		City:	State:	Zip:
Last Name:		First:		Middle Initial:
Date of Birth:	Race:	Male ( ) Female ( )	Social Security No.:	
Home Address:		City:	State:	Zip:
Last Name:		First:		Middle Initial:
Date of Birth:	Race:	Male ( ) Female ( )	Social Security No.:	
Home Address:		City:	State:	Zip:
Last Name:		First:		Middle Initial:
Date of Birth:	Race:	Male ( ) Female ( )	Social Security No.:	
Home Address:		City:	State:	Zip:

**The Person Against Whom You Are Seeking the Order:**

Last Name:		First:		Middle Initial:
Date of Birth:	Race:	Male ( ) Female ( )	Social Security No.:	
Home Address:		City:	State:	Zip:
Home Phone No.:			Message Phone No.:	
Height:	Weight:	Hair Color:	Eye Color:	
Describe any tattoos or scars:				
Employer:		Phone No.:	Work Days/Hours:	
Address:		City:	State:	Zip:
Name of Relative or Friend:			Phone No.:	
Make & Model of Car:			Year:	Color:

License Plate No.:	State:
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**Additional Important Information:**

Has this person been convicted of a crime? YES [ ] NO [ ] Don't Know [ ]	If YES, What?
Does this person have any weapons? YES [ ] NO [ ] Don't Know [ ]	
Do you consider this person dangerous? YES [ ] NO [ ]	
Places this person may be found:	

Include written directions or a map if a street address is not available. Without sufficient address information, service of the order may be delayed or may not be possible.

Please use this space for any additional information (i.e. Additional Protected Family Members)