

**DEPARTMENT OF PUBLIC SAFETY
PROTECTION ORDER SERVICE INFORMATION**

In order to help us serve your order quickly and safely, please fill out this form as completely as possible. Use a pen and print clearly. **Note - The information contained on this form is for law enforcement purposes only and should not be released to the defendant.**

Today's Date	
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PLAINTIFF INFORMATION

Your Name	Last	First	Middle	Your date of birth:
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Do you wish to be notified after the order is served? <input type="checkbox"/> Yes <input type="checkbox"/> No	Telephone number for notification of service: (This may be different than your home #)
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Relationship Information - Check all that apply.

I am the spouse/former spouse of the defendant.
 I currently or have in the past lived with the defendant while having a sexual relationship with him/her.
 The defendant and I have a child or children in common.
 I am the defendant's child or step-child **or** I am filing on behalf of that child or step-child.
 I am the child of a person who currently or has in the past lived with the defendant while having a sexual relationship with him/her **or** I am filing on behalf of that child.

DEFENDANT INFORMATION (So we can quickly identify the defendant.)

Defendant's Name	Last	First	Middle	Suffix - <input type="checkbox"/> Jr. <input type="checkbox"/> Sr. <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd
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Defendant's date of birth	If you don't know, what is defendant's approximate age?
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List other names that the defendant uses:

Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female
Race	<input type="checkbox"/> White <input type="checkbox"/> African American <input type="checkbox"/> Native American <input type="checkbox"/> Asian <input type="checkbox"/> Other
Skin Color/Tone	<input type="checkbox"/> Light <input type="checkbox"/> Medium <input type="checkbox"/> Dark <input type="checkbox"/> Other
Height	_____ Feet _____ Inches
Weight	_____ Pounds
Eye Color	<input type="checkbox"/> Brown <input type="checkbox"/> Blue <input type="checkbox"/> Gray <input type="checkbox"/> Green <input type="checkbox"/> Hazel <input type="checkbox"/> Other
Corrective Lenses	<input type="checkbox"/> Glasses <input type="checkbox"/> Contact Lenses
Hair Color	<input type="checkbox"/> Brown <input type="checkbox"/> Blond <input type="checkbox"/> Black <input type="checkbox"/> Red <input type="checkbox"/> Gray/White <input type="checkbox"/> Bald <input type="checkbox"/> Other
Hair Length	<input type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long <input type="checkbox"/> Bald
Facial Hair	<input type="checkbox"/> Beard <input type="checkbox"/> Mustache

Identifying Marks	<input type="checkbox"/> Tattoos - Describe location and design
	<input type="checkbox"/> Scars or marks - Describe location
	<input type="checkbox"/> Body piercing - Describe location
	<input type="checkbox"/> Other identifying marks

Please complete the second page of this form to ensure that your order is served as soon as possible.

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SERVICE INFORMATION (So we can quickly locate the defendant.)

Defendant's Telephone Numbers	Home	Cell Phone	Work	Other
Defendant's Address	House #	Street or Town Road #	City/Town	State

Map must be drawn if street number is not available.

Physical description of Defendant's residence:

Best days and times to contact defendant at residence?

Defendant's employer?	Name	Address
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What is the defendant's work schedule? - Enter defendant's schedule for each day below.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
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Where may the defendant be if not at home or work? (List the address and telephone number for other locations the defendant might be in the space provided below.)

House #	Street/Town Road #	City/Town	State	Telephone #
House #	Street/Town Road #	City/Town	State	Telephone #

Defendant's Vehicle	Plate #	Year	Make	Model	Color
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SERVICE ISSUES (So we can serve your order safely.)

Will the defendant try to avoid being served this order?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the defendant have guard/vicious dogs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the defendant likely to be under the influence of drugs or alcohol?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will the officer who serves this order be in any danger?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered yes, why will the officer be in danger?	