

## 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: \_\_\_\_\_

Day / Work Telephone: \_\_\_\_\_ Evening / Home Telephone: \_\_\_\_\_

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)

Birth Date: \_\_\_\_\_

Height: \_\_\_\_\_

Weight: \_\_\_\_\_

Hair Color: \_\_\_\_\_

Eye Color: \_\_\_\_\_

Gender: \_\_\_\_\_

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

### VEHICLE (If known)

Make and Year: \_\_\_\_\_

Type/Model: \_\_\_\_\_

Color: \_\_\_\_\_

Registration No. and State: \_\_\_\_\_

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): \_\_\_\_\_

Day / Work Telephone: \_\_\_\_\_ Evening / Home Telephone: \_\_\_\_\_