

MAINE JUDICIAL BRANCH

PROTECTION ORDER SERVICE INFORMATION

DEFENDANT

Defendant's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Apartment number and/or floor: \_\_\_\_\_

Color of house or other description: \_\_\_\_\_

If living with another person, other person's name: \_\_\_\_\_

Telephone: home/work/cell: \_\_\_\_\_

Hours defendant will most likely be at home: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Work Address: \_\_\_\_\_

Work Schedule:  Mon  Tues  Wed  Thurs  Fri  Sat  Sun

Hours Worked: \_\_\_\_\_  AM  PM to \_\_\_\_\_  AM  PM

PHYSICAL DESCRIPTION (If known)

Birth Date (mm/dd/yyyy): \_\_\_\_\_

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

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

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

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

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

Race:  White  Black  Asian or Pacific Islander  American Indian/Alaskan Native  Other

VEHICLE (If known)

Make and Year (yyyy): \_\_\_\_\_

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?  No  Yes

If the defendant owns a firearm or other weapon, answer the following questions:

Describe the weapon(s): \_\_\_\_\_

Where is/are the weapon(s) usually kept? Include the address where the weapon(s) are usually kept and describe the location of the weapon(s) (i.e., under the bed), if known: \_\_\_\_\_

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/work/cell (unless confidential): \_\_\_\_\_

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