

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** _____

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