

SERVICE COVER SHEET AND NCIC INFORMATION FORM

THIS FORM IS NOT TO BE INCLUDED IN THE PUBLIC RECORD AND SHOULD BE DESTROYED ONCE THE REQUIRED INFORMATION IS ENTERED IN THE NCIC FILE.

This information is intended to be used by law enforcement to identify the defendant for enforcement of the order and for entry into the National Crime Information Center (NCIC) database. Please fill out the information as completely and correctly as possible, be particularly careful with the dates of birth and spelling of names. PLEASE PRINT.

If there is more than one person being protected by the order (i.e. children), use the second page to provide information about each protected person.

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| <p>Restrained Person/Defendant's Name:</p> <div style="border: 1px solid black; height: 20px; width: 100%; margin-bottom: 10px;"></div> <p>Any other name(s) Defendant has been known by: _____</p> <p>Defendant can be found at (give all available addresses):</p> <p>Home Address: _____</p> <p>Phone number(s): _____</p> <p>Times Defendant is usually there _____</p> <p>Place of employment: _____</p> <p>Phone number(s): _____</p> <p>Times Defendant is usually there _____</p> <p>Other Address: _____</p> <p>Phone number(s): _____</p> <p>Times Defendant is usually there _____</p> | <p>Restrained Person/Defendant Identifiers: (Please include all available information.)</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <tr> <td style="width: 15%;">SEX</td> <td style="width: 15%;">RACE</td> <td style="width: 15%;">DOB</td> <td style="width: 15%;">HT</td> <td style="width: 15%;">WT</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td>HAIR</td> <td>EYES</td> <td colspan="3">SOCIAL SECURITY NUMBER</td> </tr> <tr> <td> </td> <td> </td> <td colspan="3"> </td> </tr> <tr> <td>DRIVERS LICENSE #</td> <td>DL STATE</td> <td colspan="3">DL EXP. DATE</td> </tr> <tr> <td> </td> <td> </td> <td colspan="3"> </td> </tr> <tr> <td>VEHICLE MAKE</td> <td>VEHICLE MODEL</td> <td colspan="3">VEHICLE YEAR</td> </tr> <tr> <td> </td> <td> </td> <td colspan="3"> </td> </tr> </table> <p>Distinguishing Features (tattoos, scars, locations frequented, etc.): Please describe: _____</p> <p>Does Defendant wear glasses? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Does Defendant own or possess any weapons? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, what kind(s)? _____</p> | SEX | RACE | DOB | HT | WT | | | | | | HAIR | EYES | SOCIAL SECURITY NUMBER | | | | | | | | DRIVERS LICENSE # | DL STATE | DL EXP. DATE | | | | | | | | VEHICLE MAKE | VEHICLE MODEL | VEHICLE YEAR | | | | | | | |
| SEX | RACE | DOB | HT | WT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| HAIR | EYES | SOCIAL SECURITY NUMBER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| DRIVERS LICENSE # | DL STATE | DL EXP. DATE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| VEHICLE MAKE | VEHICLE MODEL | VEHICLE YEAR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <p>Protected Person's Name:</p> <div style="border: 1px solid black; height: 20px; width: 100%; margin-bottom: 10px;"></div> <p>Relationship to Defendant:</p> <p><input type="checkbox"/> are or <input type="checkbox"/> have been in a dating relationship</p> <p><input type="checkbox"/> reside together or <input type="checkbox"/> formerly resided together</p> <p><input type="checkbox"/> have a child in common</p> | <p>Protected Person's Identifiers:</p> <p>Full Date of Birth (mm/dd/yyyy) <div style="border: 1px solid black; display: inline-block; width: 100px; height: 20px; vertical-align: middle;"></div></p> <p><i>(It is important to include the protected person's full date of birth)</i></p> <p>Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male</p> <p>Race _____</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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Other Protected Persons Information

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| <p>Protected Person's Name:</p> <p><input type="text"/></p> <p>Relationship to Defendant:</p> <p><input type="checkbox"/> are or <input type="checkbox"/> have been in a dating relationship <input type="checkbox"/> reside together or <input type="checkbox"/> formerly resided together <input type="checkbox"/> have a child in common</p> | <p>Protected Person's Identifiers:</p> <p>Full Date of Birth (mm/dd/yyyy) <input type="text"/> <i>(It is important to include the protected person's full date of birth)</i></p> <p>Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male</p> <p>Race _____</p> |
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