

## Respondent Information for Protective Orders

If the Court grants you a Protective Order, then fill out this form and file it with the clerk. Unless otherwise noted, fill in information below for the Respondent. If you do not know the information requested, leave that section blank. Please try to provide, at a minimum, the Respondent's name, date of birth, sex, height, weight, eye color, hair color, and race. Law enforcement needs this information to serve (give) the Respondent with the Protective Order and enter the Respondent's information into the statewide law enforcement database.

If the Court does not grant you a Protective Order, then do not fill out this form.

**Respondent's Name:** \_\_\_\_\_

Alias (Nickname): \_\_\_\_\_

**Respondent's Relationship to Applicant:**

Respondent's Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ Email Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

SSN (last 3#) # \_\_\_\_\_ Identification Number/State: \_\_\_\_\_ / \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Driver's License Number/State: \_\_\_\_\_ / \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Other Identification Number: \_\_\_\_\_

**Respondent** is  is not on active duty with the military

Sex: M  F  Height: \_\_\_\_\_ ft \_\_\_\_\_ in Weight: \_\_\_\_\_ lbs

Race	Eye color	Hair color	Skin
American Indian or Alaskan Native (I)	Black (BLK)	Black (BLK)	Albino (ALB)
Asian Pacific Islander (A)	Blue (BLU)	Blond or Strawberry (BLN)	Black (BLK)
Black (B)	Brown (BRO)	Brown (BRO)	Dark (DRK)
White (W)	Gray (GRY)	Gray or partially gray (GRY)	Dark Brown (DBR)
Unknown (All other non-whites) (U)	Green (GRN)	Red or Auburn (RED)	Fair (FAR)
Other: _____	Hazel (HAZ)	White (WHI)	Light (LGT)
_____	Maroon (MAR)	Red or Auburn (RED)	Light Brown (LBR)
_____	Pink (PNK)	White (WHI)	Medium (MED)
_____	Multicolored (MUL)	Sandy (SDY)	Medium Brown (MBR)
_____	Unknown (XXX)	Completely Bald or Unknown (xxx)	Olive (OLV)
<b>Ethnicity</b>	Other _____	Other (style/length): _____	Ruddy (RUD)
Hispanic (H)	_____	_____	Sallow (SAL)
Non-Hispanic (N)	_____	_____	Yellow (YEL)
Unknown (U)	_____	_____	Unknown (XXX)
			Other _____

**Other Identifying Information** (Check all that apply to the Respondent and describe)

Glasses _____	Tattoos _____	Drug/Alcohol Use _____
Beard _____	Scars _____	Weapons _____
Moustache _____	Markings _____	Other _____
Missing front teeth _____	Piercings _____	Other _____
Bald _____	Mental Health Condition _____	

**Respondent's Vehicle Information:** Vehicle ID # (VIN): \_\_\_\_\_ Year: \_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_  
Color: \_\_\_\_\_ License Plate #: \_\_\_\_\_ State: \_\_\_\_\_ License Plate Year of Expiration: \_\_\_\_\_

**Respondent's Employment Information** (name of employer): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Hours/Dept: \_\_\_\_\_ Supervisor: \_\_\_\_\_

**Respondent's Attorney** (Name): \_\_\_\_\_ Phone: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Other people who may have information to help find Respondent:**

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Other Information:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Other Information:** \_\_\_\_\_

**\*\*\*Protected Person Information\*\*\***

*(Use additional pages if necessary)* See attached addendum for information about additional protected adults.

**Name of Protected Person:** \_\_\_\_\_

**Sex:**  M  F **Date of Birth:** \_\_\_\_\_ **SSN (last 3#)** \_\_\_\_\_ **County:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Race:**  Indian  Asian  Black  White  Unknown **Ethnicity:**  Hispanic  Non-Hispanic  Unknown

**Employment Information** (name of employer): \_\_\_\_\_

\_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Employment Information** (name of employer): \_\_\_\_\_

\_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**\*\*\*Protected Child Information\*\*\***

*(Use additional pages if necessary)* See attached addendum for information about additional protected children.

**Name of Protected Child:** \_\_\_\_\_

**Sex:**  M  F **Date of Birth:** \_\_\_\_\_ **Daycare or School Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Race:**  Indian  Asian  Black  White  Unknown **Ethnicity:**  Hispanic  Non-Hispanic  Unknown

**Name of Protected Child:** \_\_\_\_\_

**Sex:**  M  F **Date of Birth:** \_\_\_\_\_ **Daycare or School Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Race:**  Indian  Asian  Black  White  Unknown **Ethnicity:**  Hispanic  Non-Hispanic  Unknown

**\*\*\*Protected Person #2 Information\*\*\***

*(Use additional pages if necessary)*

**Name of Protected Person:** \_\_\_\_\_

Sex:  M  F Date of Birth: \_\_\_\_\_ SSN (last 3#) \_\_\_\_\_ County: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Race:**  Indian  Asian  Black  White  Unknown **Ethnicity:**  Hispanic  Non-Hispanic  Unknown

**Employment Information (name of employer):** \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Employment Information (name of employer):** \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**\*\*\*Protected Person #3 Information\*\*\***

*(Use additional pages if necessary)*

**Name of Protected Person:** \_\_\_\_\_

Sex:  M  F Date of Birth: \_\_\_\_\_ SSN (last 3#) \_\_\_\_\_ County: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Race:**  Indian  Asian  Black  White  Unknown **Ethnicity:**  Hispanic  Non-Hispanic  Unknown

**Employment Information (name of employer):** \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Employment Information (name of employer):** \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**\*\*\*Protected Child Information\*\*\***

*(Use additional pages if necessary)*

**Name of Protected Child:** \_\_\_\_\_

Sex:  M  F Date of Birth: \_\_\_\_\_ Daycare or School Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Race:**  Indian  Asian  Black  White  Unknown **Ethnicity:**  Hispanic  Non-Hispanic  Unknown

**Name of Protected Child:** \_\_\_\_\_

Sex:  M  F Date of Birth: \_\_\_\_\_ Daycare or School Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Race:**  Indian  Asian  Black  White  Unknown **Ethnicity:**  Hispanic  Non-Hispanic  Unknown

**Name of Protected Child:** \_\_\_\_\_

Sex:  M  F Date of Birth: \_\_\_\_\_ Daycare or School Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Race:**  Indian  Asian  Black  White  Unknown **Ethnicity:**  Hispanic  Non-Hispanic  Unknown

**Name of Protected Child:** \_\_\_\_\_

Sex:  M  F Date of Birth: \_\_\_\_\_ Daycare or School Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Race:**  Indian  Asian  Black  White  Unknown **Ethnicity:**  Hispanic  Non-Hispanic  Unknown

**Name of Protected Child:** \_\_\_\_\_

Sex:  M  F Date of Birth: \_\_\_\_\_ Daycare or School Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Race:**  Indian  Asian  Black  White  Unknown **Ethnicity:**  Hispanic  Non-Hispanic  Unknown

**Name of Protected Child:** \_\_\_\_\_

Sex:  M  F Date of Birth: \_\_\_\_\_ Daycare or School Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Race:**  Indian  Asian  Black  White  Unknown **Ethnicity:**  Hispanic  Non-Hispanic  Unknown