

****CONFIDENTIAL INFORMATION SHEET****

DATE ____/____/____

APPLICANT (YOUR) INFORMATION: Please print clearly and provide all information known to you.

Name: _____ Address confidential? YES ___ NO ___
(Last) (First) (Middle)

Address: _____/_____/_____
(Street) (Apt.) (City) (State) (Zip Code)

Phone: Home: _____ Work _____ Cell _____ Message OK? YES ___ NO ___

Employment: Full-Time _____ Part-Time _____ Self-Employed _____ Retired _____ Disabled _____ Unemployed _____

Age _____ Gender: _____ Race: _____ Are you pregnant? _____

Were the Police notified about an incident? Yes ___ No ___ Were you given a domestic violence information card? Yes ___ No ___

Was an arrest made? Yes ___ No ___ If Yes, who was arrested? Applicant ___ Adverse Party ___ Is there a case pending? Yes ___ No ___

ADVERSE PARTY'S INFORMATION:

Name: (Last) _____ (First) _____ (Middle) _____

Alias: (Last) _____ (First) _____ (Middle) _____

DOB: ____/____/____ Social Security # _____

Home address: _____/_____/_____
(Street) (Apt.) (City) (State) (Zip Code)

Other likely address: _____

Phone number: Home _____ Cell: _____ Work: _____

Employer: _____ Position: _____ Days/Hours: _____

Address: _____
(Street) (City) (State) (Zip Code)

Gender: _____ Race: _____ Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

Scars/Marks/Tattoos (Description and location): _____

Vehicle: Make _____ Model: _____ Year: _____ License Plate Number/State _____

Does the Adverse Party speak English? Yes ___ No ___ If not, what language does he/she speak? _____

(Circle one)

- Are the Applicant and Adverse Party living together now? Yes No
- Are the Applicant and Adverse Party employed by the same employer? Yes No
- Is the Adverse Party likely to avoid service? Yes No
- Is the Adverse Party likely to react violently when served? Yes No
- Does the Adverse Party have a Carrying a Concealed Weapons Permit? Yes No
- Does the Adverse Party own or possess weapons? Yes No

If YES, describe type and location of weapons:

