

Information Sheet for Domestic Abuse Registry and Service of Protective Orders

Case Name _____ VS _____

Case Number _____ County _____

Name of Protected Party: _____ Phone# _____

Mailing Address of Protected Party: _____

Protected Party SS#: _____ Date of Birth _____ Race _____ Gender _____

Name of Additional Protected Party: _____ Phone# _____

Mailing Address of Protected Party: _____

Protected Party SS#: _____ Date of Birth _____ Race _____ Gender _____

ADDITIONAL PARTIES - INFORMATION MAY BE ATTACHED BY 2ND PAGE

TO: SHERIFF OF _____ COUNTY

Please serve the attached documents(s) on: _____

(Provide full name – First, Middle and Last)

Alias: _____ Phone # _____

Home Address: _____

(Street address and city/town)

Place of Employment: _____

Work Address: _____

Times generally at home: _____ Times generally at work: _____

Other addresses at which Defendant may be found (include suggested times if possible):

Information regarding Defendant to assist in service:

Male	Female	Adult	Juvenile
Race _____		Date of Birth _____	
Height _____		Weight _____	
Eye Color _____		Hair Color _____	
Glasses (yes or no) _____		Facial Hair _____	
Skin Color _____		Social Security Number _____	
Physical Markings (including scars and tattoos): _____			

Drivers License Number: _____ State: _____

Vehicle Description _____ License Plate Number: _____

Special Concerns as to service (include possibility of weapons, mental problem, etc): _____

Please file return of service promptly with clerk.

Name of person completing form: _____ Date: _____