

**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 2<sup>ND</sup> PAGE**

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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):

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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): \_\_\_\_\_

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Please file return of service promptly with clerk.

Name of person completing form: \_\_\_\_\_ Date: \_\_\_\_\_