

Rule 17.30—Form 15: Information Sheet for Protective Order Registry and Service of Protective Orders

Caution This form contains per return this form to the	rsonal protected informat c clerk of court after servio		ide this form to Defen	<u>dant.</u> Destroy or
Case name		VS		
Case number		County		
Name of Protected Party			Phone #	
Mailing address of Protecte	d Party			
Birthdate	Race		Gender _	
Name of Additional Protecte	ed Party		Phone #	
Mailing address of Additiona				
Birthdate				
Additional parties	Check if additional part	ies listed on attached pag	е.	
To: Sheriff of	County	/		
Please serve the attached of	locuments(s) on Defe	endant		
		Full name—first, mid		
Alias			Phone #	
Home address				
	ldress and city or town			
Place of employment				
Times generally at hor				
		found Include suggeste		
Information to help identify	Defendent Check two			
		, Adult	Juvenile	
Race				
		Skin color	Glasses	∐ Yes ∐ No
Facial hair				
		tate Licen		
Vehicle description _				
Special warning as to serv	vice Possibility of we	apons, mental health con	cern, etc.	

Notice to Law Enforcement

This information sheet must be destroyed or returned to the clerk of court. Do not serve or distribute this form to anyone. Please file return of service promptly with the clerk of court.

Name of person completing form _____ Date _____