

Information Sheet for Protective Order Registry and Service of Protective Orders

CLERK SUPREME COURT

Caution *This form contains personal protected information. Do not serve or provide this form to Defendant. Destroy or return this form to the clerk of court after service.*

Case name _____ vs _____

Case number _____ County _____

Name of Protected Party _____ Phone # _____

Mailing address of Protected Party _____

Birthdate _____ Race _____ Gender _____

Name of Additional Protected Party _____ Phone # _____

Mailing address of Additional Protected Party _____

Birthdate _____ Race _____ Gender _____

Additional parties *Check if additional parties listed on attached page.***To:** Sheriff of _____ County

Please serve the attached documents(s) on Defendant, _____

Full name—first, middle, and last

Alias _____ Phone # _____

Home address _____

Street address and city or town

Place of employment _____

Work address _____

Times generally at home _____ Times generally at work _____

Other addresses where Defendant may be found *Include suggested times if possible.*

Information to help identify Defendant *Check two* Male Female Adult Juvenile

Race _____ Birthdate _____ Height _____ Weight _____

Eye color _____ Hair color _____ Skin color _____ Glasses Yes NoFacial hair _____ Physical markings *scars, tattoos, etc.*

Driver's license number _____ State _____ License plate number _____

Vehicle description _____

Special warning as to service *Possibility of weapons, mental health concern, 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 _____

Docket Event: DAIN