

**INJUNCTION FOR PROTECTION DATA ENTRY SHEET**

THE FOLLOWING INFORMATION IS TO ASSIST THE SHERIFF'S OFFICE IN SERVING THE RESPONDENT

**RESPONDENT'S INFORMATION (the Person you are filing Petition against)**

**NAME:** Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Suffix \_\_\_\_\_

**RACE:** White \_\_\_\_\_ Black \_\_\_\_\_ Asian \_\_\_\_\_ Native American \_\_\_\_\_ Unknown \_\_\_\_\_

**ETHNICITY:** Hispanic \_\_\_\_\_ Non-Hispanic \_\_\_\_\_

**SEX:** M \_\_\_\_\_ F \_\_\_\_\_      **DATE OF BIRTH (DOB):** \_\_\_\_ / \_\_\_\_ / \_\_\_\_      **APPROX. AGE :** \_\_\_\_\_

**HEIGHT:** \_\_\_\_\_      **WEIGHT:** \_\_\_\_\_      **HAIR COLOR:** \_\_\_\_\_      **EYE COLOR:** \_\_\_\_\_

**ON BEHALF OF MINOR:** Name \_\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_ DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**RESPONDENT'S ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_      **STATE:** \_\_\_\_\_      **ZIP:** \_\_\_\_\_      **COUNTY:** \_\_\_\_\_

**RESPONDENT'S WORK OR ALTERNATE ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_      **STATE:** \_\_\_\_\_      **ZIP:** \_\_\_\_\_      **COUNTY:** \_\_\_\_\_

**PHONE NO.:** \_\_\_\_\_      **CELL PHONE/ALTERNATE PHONE NO.:** \_\_\_\_\_

DOES THE RESPONDENT POSSESS ANY WEAPONS? (circle one): YES/NO (If yes, what types?) \_\_\_\_\_

IS THE RESPONDENT CURRENTLY IN JAIL? (circle one): YES/NO (If yes, where?) \_\_\_\_\_

**PETITIONER'S INFORMATION (the Person who is filing the Petition)**

**NAME:** Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Suffix \_\_\_\_\_

**RACE:** White \_\_\_\_\_ Black \_\_\_\_\_ Asian \_\_\_\_\_ Native American \_\_\_\_\_ Unknown \_\_\_\_\_

**ETHNICITY:** Hispanic \_\_\_\_\_ Non-Hispanic \_\_\_\_\_

**SEX:** M \_\_\_\_\_ F \_\_\_\_\_      **DOB:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**PETITIONER'S ADDRESS: (If your address is confidential please put "Confidential")**

\_\_\_\_\_ **CITY:** \_\_\_\_\_      **STATE:** \_\_\_\_\_      **ZIP:** \_\_\_\_\_

Telephone number is required to notify you when the injunction has been served on the Respondent.

**PHONE NO.:** \_\_\_\_\_      **CELL PHONE/ALTERNATE PHONE NO.:** \_\_\_\_\_

**ON BEHALF OF MINOR:** Name \_\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_ DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**ON BEHALF OF MINOR:** Name \_\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_ DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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**ON BEHALF OF MINOR:** Name \_\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_ DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Relationship to RESPONDENT:**

- \_\_\_\_ Current or former spouse of victim
- \_\_\_\_ Parent/step-parent of victim      \_\_\_\_ guardian of victim
- \_\_\_\_ Child in common (child must be born)
- \_\_\_\_ Person is cohabitating or has cohabitated as spouse of victim
- \_\_\_\_ Relationship known (not domestic)      \_\_\_\_ Relationship unknown
- \_\_\_\_ Other (please explain): \_\_\_\_\_