

EMERGENCY PROTECTIVE ORDER REQUEST FORM

Name of Defendant: _____

DOB of Defendant: _____ DL#: _____ Race: _____ Sex: _____

The defendant has been arrested for committing: Assault Stalking

Name of person requesting order: _____

Race: _____ Sex: _____ Home Phone: (____) _____ Work Phone: (____) _____

Are you the; Officer Victim Guardian Other: _____

Name of Victim: _____

Race: _____ Sex: _____ DOB: _____ DL#: _____

Home Phone: (____) _____ Work Phone: (____) _____

What is victim's relationship to defendant? _____

Describe the reason you believe an Emergency Protective Order is needed. _____

Person(s) you wish to be protected under this order:

Name: _____

DOB: _____ Race: _____ Sex: _____ Relationship to victim: _____

Name: _____

DOB: _____ Race: _____ Sex: _____ Relationship to victim: _____

Name: _____

DOB: _____ Race: _____ Sex: _____ Relationship to victim: _____

Name: _____

DOB: _____ Race: _____ Sex: _____ Relationship to victim: _____

Name: _____

DOB: _____ Race: _____ Sex: _____ Relationship to victim: _____

Signature of person requesting order

Date

**Names of Victim and other Adult, Household Members Residence Location,
Business/Employment Location.**

VICTIM'S FIRST NAME	
VICTIM'S LAST NAME	
ADDRESS	
CITY & ZIP	
HOME PHONE NO.	
NAME OF BUSINESS	
BUSINESS ADDRESS	
BUSINESS CITY, ST & ZIP	
BUSINESS PHONE NO. & FAX NO.	
Child(ren)/Minor Information: Residence, School/Child Care Facility(s) Information	
NAME OF MINOR CHILD	
DOB	HOME NO.
ADDRESS	
CITY, ST & ZIP	
SCHOOL/CHILD CARE FACILITY NAME	
ADDRESS	
CITY, ST & ZIP	
FACILITY PHONE NO.	
NAME OF AFTER SCHOOL CARE FACILITY	
ADDRESS	
CITY, ST & ZIP	
FACILITY PHONE NO.	

**Child(ren)/Minor Information: Residence, School/Child Care Facility(s)
Information**

NAME OF MINOR CHILD	
DOB	HOME NO.
ADDRESS	
CITY, ST & ZIP	
SCHOOL/CHILD CARE FACILITY NAME	
ADDRESS	
CITY, ST & ZIP	
FACILITY PHONE NO.	
NAME OF AFTER SCHOOL CARE FACILITY	
ADDRESS	
CITY, ST & ZIP	
FACILITY PHONE NO.	

NAME OF MINOR CHILD	
DOB	HOME NO.
ADDRESS	
CITY, ST & ZIP	
SCHOOL/CHILD CARE FACILITY NAME	
ADDRESS	
CITY, ST & ZIP	
FACILITY PHONE NO.	
NAME OF AFTER SCHOOL CARE FACILITY	
ADDRESS	
CITY, ST & ZIP	
FACILITY PHONE NO.	