

# 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 \_\_\_\_\_

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: \_\_\_\_\_

D.O.B. \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_ Relationship to victim: \_\_\_\_\_

Name: \_\_\_\_\_

D.O.B. \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_ Relationship to victim: \_\_\_\_\_

Name: \_\_\_\_\_

D.O.B. \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_ Relationship to victim: \_\_\_\_\_

Name: \_\_\_\_\_

D.O.B. \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_ Relationship to victim: \_\_\_\_\_

\_\_\_\_\_  
Date Signature of person requesting order

**NAMES OF VICTIM AND OTHER ADULT, HOUSEHOLD MEMBERS  
RESIDENCE LOCATION BUSINESS OR EMPLOYMENT LOCATION**

VICTIMS FIRST NAME
VICTIMS LAST NAME
Address City & Zip
Home Phone Number
Name of Business
Business Address City Zip
Business: Phone Number and Fax Number

VICTIMS FIRST NAME
VICTIMS LAST NAME
Address
City & Zip
Home Phone Number
Name of Business
Business Address City Zip
Business: Phone Number and Fax Number

**NAMES OF CHILDREN RESIDENCE INFORMATION (CHILDREN)  
SCHOOL INFORMATION(CHILDREN)  
CHILD CARE FACILITY INFORMATION**

A minor child
Date of birth
Address City & Zip
Home Phone Number
School Name
Address City
School Phone Number
Name of Facility
Address City
Facility Phone Number

**A minor child**

**Date of birth**

**Address City & Zip**

**Home Phone Number**

**School Name**

**Address City**

**School Phone Number**

**Name of Facility**

**Address City**

**Facility Phone Number**