

# 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#: \_\_\_\_\_

Victim's Address: \_\_\_\_\_

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

### ADDITIONAL INFORMATION

#### **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)  
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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.	

You may use additional paper and attach additional information as needed.