

**\*\*CONFIDENTIAL INFORMATION SHEET\*\***

**DATE** \_\_\_\_/\_\_\_\_/\_\_\_\_

**APPLICANT (YOUR) INFORMATION:** Please print clearly and provide all information known to you.

Name: \_\_\_\_\_ Address confidential? YES \_\_\_ NO \_\_\_  
(Last) (First) (Middle)

Address: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Street) (Apt.) (City) (State) (Zip Code)

Phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_ Message OK? YES \_\_\_ NO \_\_\_

Employment: Full-Time \_\_\_\_\_ Part-Time \_\_\_\_\_ Self-Employed \_\_\_\_\_ Retired \_\_\_\_\_ Disabled \_\_\_\_\_ Unemployed \_\_\_\_\_

Age \_\_\_\_\_ Gender: \_\_\_\_\_ Race: \_\_\_\_\_ Are you pregnant? \_\_\_\_\_

Were the Police notified about an incident? Yes \_\_\_ No \_\_\_ Were you given a domestic violence information card? Yes \_\_\_ No \_\_\_

Was an arrest made? Yes \_\_\_ No \_\_\_ If Yes, who was arrested? Applicant \_\_\_ Adverse Party \_\_\_ Is there a case pending? Yes \_\_\_ No \_\_\_

**ADVERSE PARTY'S INFORMATION:**

Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

Alias: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security # \_\_\_\_\_

Home address: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Street) (Apt.) (City) (State) (Zip Code)

Other likely address: \_\_\_\_\_

Phone number: Home \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_ Days/Hours: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Gender: \_\_\_\_\_ Race: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Scars/Marks/Tattoos (Description and location): \_\_\_\_\_

Vehicle: Make \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ License Plate Number/State \_\_\_\_\_

Does the Adverse Party speak English? Yes \_\_\_ No \_\_\_ If not, what language does he/she speak? \_\_\_\_\_

(Circle one)

- |  |     |    |
|--|-----|----|
| Are the Applicant and Adverse Party living together now?           | Yes | No |
| Are the Applicant and Adverse Party employed by the same employer? | Yes | No |
| Is the Adverse Party likely to avoid service?                      | Yes | No |
| Is the Adverse Party likely to react violently when served?        | Yes | No |
| Does the Adverse Party have a Carrying a Concealed Weapons Permit? | Yes | No |
| Does the Adverse Party own or possess weapons?                     | Yes | No |
- If YES, describe type and location of weapons: