

Case Name: _____

Case Number: _____ PNO: _____

DEFENDANT INFORMATION SHEET FOR LAW ENFORCEMENT

Do any of the following apply to the defendant?

History of assault on police? Yes No Unknown

History of violence or violent tendencies? Yes No Unknown

History of attempted suicide? Yes No Unknown

History of drug abuse? Yes No Unknown

History of alcohol abuse? Yes No Unknown

Taking medication for heart condition epilepsy hemophilia diabetes

other _____ Unknown

Currently on probation/parole? Yes No Unknown

Name of probation/parole officer _____

Is defendant expecting Temporary Restraining Order? Yes No Unknown

Will children be living with plaintiff? Yes No Unknown

If no, where? _____

If children are in school during the day, where? _____

I swear that the foregoing information is true and correct to the best of my knowledge. I understand that making a false statement on this petition will subject me to criminal penalties.

Date

Plaintiff Signature

State of _____, County of _____

This instrument was acknowledged before me on _____ by _____

My Commission Expires _____

Affix Seal, if any

Clerk of Court/Deputy Clerk/Justice of Peace/Notarial Officer