

THIS FORM IS **NOT FILED**

DV-001, Rev. 04/2021

DO NOT SERVE OR SHOW THIS SHEET TO RESPONDENT

PERSONAL DESCRIPTION REQUIRED BY LAW ENFORCEMENT.

Addresses, birthdates and Social Security numbers of both parties are necessary to serve and enforce your order.

Fill in the following information as completely as possible.

Petitioner Information:

Name: _____ Birthdate: ____ / ____ / _____

Social Security Number: _____ - _____

NOTE: IF YOU WANT YOUR ADDRESS, TO REMAIN CONFIDENTIAL, DO NOT INCLUDE THIS INFORMATION HERE. SUPPLY THIS INFORMATION ON THE PETITIONER'S CONFIDENTIAL INFORMATION FORM

Address: _____

City: _____ State: _____ Zip Code: _____ Phone No: (____) _____ - _____

Cell phone Carrier: _____

Email address: _____

Respondent Information:

Name: _____ Birthdate: ____ / ____ / _____

Social Security Number: _____ - _____

Address: _____

City: _____ State: _____ Zip Code: _____ Phone No: (____) _____ - _____

Email address: _____

Employer: _____ Employer Address: _____

Work Hours: _____

Hangouts: _____

Race: _____ Sex: _____ Height: _____ Weight: _____

Hair Color (**circle ONLY one**): BALD BLACK BLOND BROWN RED GRAY/WHITE UNKNOWN

Eye Color (**circle ONLY one**): BLUE BROWN GREEN GRAY HAZEL UNKNOWN

Other Identifying Marks: _____

History of Mental Illness? _____ Carries Weapons? _____

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