

# PERSONAL DESCRIPTION OF PETITIONER AND RESPONDENT IN A DOMESTIC VIOLENCE ORDER

PETITIONER: \_\_\_\_\_ CASE NO. \_\_\_\_\_

RESPONDENT: \_\_\_\_\_

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## Petitioner Information:

(NOTE: IF YOU WANT YOUR ADDRESS, PHONE NUMBER, DATE OF BIRTH, AND EMPLOYMENT INFORMATION TO REMAIN CONFIDENTIAL, DO NOT INCLUDE THIS INFORMATION HERE. SUPPLY THIS INFORMATION ON THE APETITIONER-S CONFIDENTIAL INFORMATION FORM.@)

Petitioner=s Name: \_\_\_\_\_ Permanent Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Daytime Phone No. ( ) \_\_\_\_\_

Address where staying if different than above: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Number if different than above: ( ) \_\_\_\_\_

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

Relationship to Respondent: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Employer Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Employer Phone No. ( ) \_\_\_\_\_ Occupation: \_\_\_\_\_

How long have you lived with the Respondent?: \_\_\_\_\_ If separated, how long?: \_\_\_\_\_

Are there minor children in your household ? 9 Yes 9 No

Divorce or Dissolution: 9 not planned 9 intend to file 9 now pending 9 already granted

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

Referred by CSB

Name of person making referral from CSB: \_\_\_\_\_

Why was petitioner referred by CSB?: \_\_\_\_\_

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## Respondent Information:

Respondent=s Name: \_\_\_\_\_ Address: \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Daytime Phone No. ( ) \_\_\_\_\_ Hangouts: \_\_\_\_\_

Race: \_\_\_\_\_ Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Eye Color: \_\_\_\_\_ Identifying Marks: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Employer Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Employer Phone No. ( ) \_\_\_\_\_ Occupation: \_\_\_\_\_

Normal work hours/days: \_\_\_\_\_ Type of auto owned or used: \_\_\_\_\_

Vehicle License No.: \_\_\_\_\_ State: \_\_\_\_\_ License Year: \_\_\_\_\_ License Type: \_\_\_\_\_

History of Mental Illness? \_\_\_\_\_ Carries Weapons? \_\_\_\_\_

Type of Weapons: \_\_\_\_\_

Remarks: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_