

INFORMATION ON RESPONDENT

First Name		Middle Name		Last Name	
Aliases					
Home Street Address				Home/Cell Telephone Number	
Home City		County		Home State	
				Home Zip	
Mailing Address, City, State Zip					
Place of Employment				Hours at Work To	
Occupation Title				Work in office or field?	
Employment Street Address					
Employment City		Employment State		Employment Zip	
Date of Birth	Age		Race	Sex	
Height	Weight		Eye Color	Hair Color	
Scars, Marks, Tattoos					
Driver License Number				Primary Language	
Vehicle Make		Vehicle Model		Vehicle Year	
Does Respondent have access to Weapons? <input type="checkbox"/> YES <input type="checkbox"/> NO (if yes, how many and what kind)					
Where are the weapons kept? (on person, in vehicle?)					
Does Respondent use drugs or alcohol? <input type="checkbox"/> YES <input type="checkbox"/> NO (if yes, list what kind)					
Does Respondent take any medications? <input type="checkbox"/> YES <input type="checkbox"/> NO (if yes, list what kind)					
Has Respondent ever been arrested? <input type="checkbox"/> YES <input type="checkbox"/> NO (if yes, list what charges)					
Has Respondent ever talked about or threatened to harm themselves or law enforcement officers? If yes, explain:					
Does the Respondent have any health problems or diseases? <input type="checkbox"/> YES <input type="checkbox"/> NO (if yes, explain)					
Do you have any other information you feel will help us in serving an Injunction?					