

SERVICE COVER SHEET AND NCIC INFORMATION FORM

NOTICE: THIS INFORMATION IS INTENDED TO BE USED BY LAW ENFORCEMENT TO IDENTIFY THE DEFENDANT FOR ENFORCEMENT OF THE ORDER, AND FOR NCIC DATA ENTRY. THIS FORM IS NOT TO BE INCLUDED IN THE PUBLIC RECORD AND SHOULD BE DESTROYED ONCE THE REQUIRED INFORMATION IS ENTERED IN THE NCIC FILE. THIS INFORMATION IS VOLUNTARY ON THE PART OF THE PLAINTIFF.

<p>Plaintiff's Name:</p> <div style="border: 1px solid black; height: 20px; width: 100%; margin-bottom: 10px;"></div> <p>Relationship to Defendant:</p> <input type="checkbox"/> are or <input type="checkbox"/> have been in a dating relationship <input type="checkbox"/> reside together or <input type="checkbox"/> formerly resided together <input type="checkbox"/> have a child in common	<p>Plaintiff Identifiers:</p> <p>Date of Birth <div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div></p> <p>Sex: <input type="checkbox"/> F <input type="checkbox"/> M</p>																																								
vs.																																									
<p>Defendant's Name:</p> <div style="border: 1px solid black; height: 20px; width: 100%; margin-bottom: 10px;"></div> <p>Any other name(s) Defendant has been known by:</p> <p>_____</p> <p>_____</p> <p>Defendant can be found at (give all available addresses):</p> <p>Home Address: _____</p> <p>_____</p> <p>Phone number(s): _____</p> <p>Times defendant is usually there _____</p> <p>_____</p> <p>Place of employment: _____</p> <p>_____</p> <p>Phone number(s): _____</p> <p>Times defendant is usually there _____</p> <p>_____</p> <p>Other Address: _____</p> <p>_____</p> <p>Phone number(s): _____</p> <p>Times defendant is usually there _____</p> <p>_____</p>	<p>Defendant Identifiers: (Please include all available information.)</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 15%;">SEX</td> <td style="width: 15%;">RACE</td> <td style="width: 15%;">DOB</td> <td style="width: 15%;">HT</td> <td style="width: 15%;">WT</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>HAIR</td> <td>EYES</td> <td colspan="3">SOCIAL SECURITY NUMBER</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td colspan="3"></td> </tr> <tr> <td>DRIVERS LICENSE #</td> <td>DL STATE</td> <td colspan="3">DL EXP. DATE</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td colspan="3"></td> </tr> <tr> <td>VEHICLE MAKE</td> <td>VEHICLE MODEL</td> <td colspan="3">VEHICLE YEAR</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td colspan="3"></td> </tr> </table> <p>Distinguishing Features (tattoos, scars, locations frequented, etc.): Please describe: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Does Defendant wear glasses? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Does Defendant own or possess any weapons? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If so, what kind(s)? _____</p> <p>_____</p> <p>_____</p>	SEX	RACE	DOB	HT	WT						HAIR	EYES	SOCIAL SECURITY NUMBER								DRIVERS LICENSE #	DL STATE	DL EXP. DATE								VEHICLE MAKE	VEHICLE MODEL	VEHICLE YEAR							
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