******CONFIDENTIAL****

NCIC ORDER OF PROTECTION ENTRY FORM

TO THE SHERIFF: REMOVE THIS COPY. DO NOT LEAVE WITH OR GIVE TO THE RESPONDENT/DEFENDANT.

	VS.			
Petitioner/Victim	1	Respondent/Defendant		
Court Date:		JC Case #		
Offense and Date:		BOOKING #		
Relationship Between the	Parties:			
Do you have a pending DIV				
If so, what County and Cou				
(Print) Information on the	person who is to be prote			
1. Petitioner's/Victim's (Your) First Na	me 2. Middle Name	3. Last Name	4. Maio	len Name
5. Your Sex 6. Your Race	7. Your Date of Bir	th 8. Socia	l Security Number	
9. Address (Street, City, State, Zip)	(City)_		(State)	(Zip)
10. Phone Number(s) where you can be				
11. Employer's Name and Address			Employer	Phone Number
**If petitioner is a minor please provide (Print) Information on the	e Parents name and Contact Informati Respondent/Defendant th	ont nat the Petitioner/Vict	im is secking p	rotection from:
12. First Name	13. Middle Name	14. Last Name		
5. Address (number and street)	16. City	17. State	18. Zip Code	19. Social Security Numb
/ / 20, Date of Birth 21. Sex 2	22. Race 23. Height	24. Weight 25. Eyes	26. Hair 27	State of Birth (Place)
7, Driver's License Number	38.Respondents Telephone	Number		=-
38, Employer's Name, Address & Telep	phone Number			

****Please refer to the back of page to include the petitioner's/victim's children (under the age of 18) who are to be protected under the Order.

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PETITIONER'S/VICTIM'S CHILDREN UNDER 18 THAT PETITIONER BELIEVES ARE IN NEED OF PROTECTION:

	DOB:
SEX:	RACE:
	A STATE OF THE STA
	DOB:
SEX:	RACE:
	DOB;
SEX:	RACE:
	DOB:
SEX:	RACE:
	DOB:
SEX:	RACE;
	DOB:
SEX:	RACE:
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