

<div>INFORMATION FOR SERVICE OF PROCESS PROVIDED BY PETITIONER/PETITIONER-IN-RECONVENTION</div> <div>PLEASE PROVIDE AS MUCH INFORMATION AS POSSIBLE. THIS INFORMATION WILL HELP LAW ENFORCEMENT LOCATE DEFENDANT (or DEFENDANT-IN-RECONVENTION) TO SERVE A COPY OF THE PETITION AND TEMPORARY RESTRAINING ORDER (IF ISSUED). THE FOLLOWING INFORMATION IS NEEDED ON THE <b>DEFENDANT</b> (or <b>DEFENDANT-IN-RECONVENTION</b>).</div>
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NAME \_\_\_\_\_

Name of minor defendant's (or defendant-in-reconvension's) parent or guardian: \_\_\_\_\_

OTHER NAMES USED \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ (month/day/year)      SOCIAL SECURITY # \_\_\_\_\_

DRIVERS LICENSE # \_\_\_\_\_      STATE \_\_\_\_\_      EXP. DATE \_\_\_\_\_

HOME ADDRESS  
\_\_\_\_\_  
*No. & Street* \_\_\_\_\_ *Apt. No.* \_\_\_\_\_  
\_\_\_\_\_  
*City* \_\_\_\_\_ *State* \_\_\_\_\_ *Zip Code* \_\_\_\_\_ TEL. NO. \_\_\_\_\_

WORK ADDRESS  
\_\_\_\_\_  
*Name of employer* \_\_\_\_\_  
\_\_\_\_\_  
*No. & Street* \_\_\_\_\_ *Apt. No.* \_\_\_\_\_  
\_\_\_\_\_  
*City* \_\_\_\_\_ *State* \_\_\_\_\_ *Zip Code* \_\_\_\_\_ DEPARTMENT \_\_\_\_\_  
TEL NO. \_\_\_\_\_ WORK DAYS/HOURS \_\_\_\_\_

PHYSICAL DESCRIPTION:      ☐ MALE    ☐ FEMALE      RACE \_\_\_\_\_  
EYE COLOR \_\_\_\_\_ HAIR COLOR \_\_\_\_\_ HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_  
DISTINGUISHING FEATURES (scars, tattoos, facial hair, etc.) \_\_\_\_\_  
\_\_\_\_\_

MOTOR VEHICLE:  
LICENSE PLATE # \_\_\_\_\_ YEAR \_\_\_\_\_ MAKE \_\_\_\_\_ COLOR \_\_\_\_\_

DOES THE DEFENDANT (or DEFENDANT-IN-RECONVENTION):  
HAVE A HISTORY OF VIOLENCE TOWARDS OTHERS (OTHER THAN VICTIM)?      ☐ YES    ☐ NO  
HAVE A HISTORY OF USING/ABUSING DRUGS OR ALCOHOL?      ☐ YES    ☐ NO  
CARRY A WEAPON?      ☐ YES    ☐ NO  
IF YES, WHAT KIND OF WEAPON? \_\_\_\_\_  
\_\_\_\_\_

OTHER PLACES AND TIMES S/HE MAY BE FOUND: (Friends, relatives, bars, hangouts)  
\_\_\_\_\_  
\_\_\_\_\_

☐ DEFENDANT/DEFENDANT-IN-RECONVENTION CURRENTLY INCARCERATED  
Where: \_\_\_\_\_  
☐ DEFENDANT/DEFENDANT-IN-RECONVENTION CURRENTLY ON PROBATION/PAROLE  
Probation or parole officer/department: \_\_\_\_\_

ANY OTHER INFORMATION WHICH MAY BE HELPFUL: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date      Petitioner's / Petitioner-in-Reconvension's Signature