## SERVICE INFORMATION FOR INJUNCTIONS FOR PROTECTION

UCN # 5220DF	RXX	FDFD REFERENC	E NO: :
soon as possible. It a	lso may alert the depu erve this injunction. T	ty to any potential DA	Office in serving the Respondent as ANGER that might be encountered N WILL NOT BE PROVIDED TO
Respondent's Name:			
Alias/Nicknames:	First	Middle	Last
Date of Birth:	onth Day Year		
Home Telephone Nur Work Telephone Nur Cell Phone Number: Other Contact Numbe	nber: ()		
Current Address:			
	Street		
	City	State	Zip
What day of t	he week and time is F	Respondent usually at	this address?
Respondent's Alterna	te or Previous Addres	ss:	
	Street		
What day of t	City he week and time is F	State Respondent usually at	Zip this address?
Respondent's Alterna	ate or Previous Addres	ss:	
	Street		
What day of t	City he week and time is F	State Respondent usually at	Zip this address?
Is Respondent curre	ently incarcerated? _	Yes No _	I don't know

Please attach additional sheets listing Respondent's other alternate or previous addresses, if needed.

## Other possible addresses where Respondent may be found:

\_\_\_\_\_ Black or African American

(List any addresses that you think may be helpful to law enforcement. Examples include, but are not limited to, addresses for Respondent's relatives; Respondent's girlfriend/boyfriend/spouse's address; locations where Respondent frequents, such as a school or university, restaurants, bars, nightclubs, health clubs or gyms, sports facilities, clubs or organizations, public parks, government buildings, etc. Please provide as much information as you can to assist law enforcement.) Name (of resident or business) Street State Zip City What day of the week and time is Respondent usually at this address? Relationship to Respondent: Name (of resident or business) Street City State Zip What day of the week and time is Respondent usually at this address? Relationship to Respondent: Name (of resident or business) Street City State Zip What day of the week and time is Respondent usually at this address? Relationship to Respondent: **Description of Respondent** Race \_\_\_\_\_ White/Caucasian

Hispan	nic or Latino					
Asian						
Native American or Alaska Native						
Native	e Hawaiian or Other Pacific Isla	ander				
Other	(specify	)				
0 141	F 1					
Sex: Male	Female	TT 1 1				
Hair color:		Height:f		es		
•		Weight:				
Other description (fa	acial hair, glasses, prosthetics, e	etc.)				
Language(s) snokei	n by Respondent:					
	eeded? Yes No					
<b>F</b>						
Is the Respondent kr	nown to be violent with anyone	other than you?				
1	•		No	I don't know		
Firearms and Wear	<u>pons</u>					
Does the Responden	t currently own or possess a fire	earm? Yes	No	I don't know		
** 1 5				T 1 1 1		
Has the Respondent	possessed a firearm in the past	? Yes	No	I don't know		
I. 41 D		-0 <b>V</b>	NT.	T. J 74 J		
is the Respondent Kr	nown to have any other weapon	s? Yes _	No	I don't know		
If was list the weens	ang.					
ii yes, iist tile weapo	ons:					
Is the Respondent re	equired to carry/use a firearm in	the capacity of his	/her job?			
	J	- ·	•	I don't know		
Vehicle Information	n					
	s, trucks, motorcycles, etc.)					
	•					
Vehicle 1:						
Make:	Model:		Year:			
	Tag:					
Vehicle 2:						
	Model:					
Color:	Tag:		_			

**Respondent's Employer Information** 

Employer 1				
Name:Employer's Address:				
Street				
City Employer's Phone:		State		Zip
Supervisor's Name:				
Respondent's Normal Work Schedule:				
	Days			
Does Respondent travel for work?	Hours Yes	No		
If so, provide locations/route:				
Employer 2 Name:				
Employer's Address:				
Street				
City Employer's Phone:		State		Zip
Supervisor's Name:				
Respondent's Normal Work Schedule:	Days			
-	Hours			
Does Respondent travel for work? If so, provide locations/route:	Yes			
Additional Information				
Please provide any additional information	on that may	assist law ei	nforcement in loc	ating Respondent.
- <u></u>				

## **Petitioner:**

Law enforcement may need to contact you for further information on Respondent. Information in this form is intended to remain confidential and will not be filed in the court file. If your address is confidential pursuant to Florida law, you may choose not to list it below. In that case, please provide a phone number where you can be reached so that law enforcement can contact you, if necessary, for additional information on Respondent.

Petitioner's Name			
First		Middle	Last
Petitioner's Address:			
	Street		
City		State	Zip
Petitioner's home phone Petitioner's work phone: Petitioner's cell phone: Alternate phone:	() () ()		