

# PERSONAL DESCRIPTION OF PETITIONER AND RESPONDENT IN A DOMESTIC VIOLENCE ORDER

PETITIONER: \_\_\_\_\_ CASE NO. \_\_\_\_\_

RESPONDENT: \_\_\_\_\_

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## Petitioner Information:

(NOTE: IF YOU WANT YOUR ADDRESS, PHONE NUMBER, DATE OF BIRTH, AND EMPLOYMENT INFORMATION TO REMAIN CONFIDENTIAL, DO NOT INCLUDE THIS INFORMATION HERE. SUPPLY THIS INFORMATION ON THE "PETITIONER'S CONFIDENTIAL INFORMATION FORM.")

Petitioner's Name: \_\_\_\_\_ Permanent Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Daytime Phone No. (\_\_\_\_) \_\_\_\_\_

Address where staying if different than above: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Number if different than above: (\_\_\_\_) \_\_\_\_\_

Race: \_\_\_\_\_ Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Relationship to Respondent: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Employer Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Employer Phone No. (\_\_\_\_) \_\_\_\_\_ Occupation: \_\_\_\_\_

How long have you lived with the Respondent?: \_\_\_\_\_ If separated, how long?: \_\_\_\_\_

Are there minor children in your household?  Yes  No

Divorce or Dissolution:  not planned  intend to file  now pending  already granted

Attorney Name: \_\_\_\_\_

Referred by CSB

Name of person making referral from CSB: \_\_\_\_\_

Why was petitioner referred by CSB?: \_\_\_\_\_  
\_\_\_\_\_

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## Respondent Information:

Respondent's Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Daytime Phone No. (\_\_\_\_) \_\_\_\_\_ Hangouts: \_\_\_\_\_

Race: \_\_\_\_\_ Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Eye Color: \_\_\_\_\_ Identifying Marks: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Employer Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Employer Phone No. (\_\_\_\_) \_\_\_\_\_ Occupation: \_\_\_\_\_

Normal work hours/days: \_\_\_\_\_ Type of auto owned or used: \_\_\_\_\_

Vehicle License No.: \_\_\_\_\_ State: \_\_\_\_\_ License Year: \_\_\_\_\_ License Type: \_\_\_\_\_

History of Mental Illness? \_\_\_\_\_ Carries Weapons? \_\_\_\_\_

Type of Weapons: \_\_\_\_\_

Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_