

CASE NUMBER \_\_\_\_\_

CASE NAME \_\_\_\_\_ V. \_\_\_\_\_

# INFORMATION/QUESTIONNAIRE

TO BE COMPLETED AND ATTACHED TO ALL TPO/STALKING SERVICES

## **>>>PERSON BEING SERVED<<<RESPONDENT'S INFORMATION (REQUIRED\*)**

\*TO BE SERVED (RESPONDENT) \_\_\_\_\_

\*CELL PHONE \_\_\_\_\_ HOME PHONE \_\_\_\_\_

CURRENT LOCATION: \_\_\_\_\_

ANY OTHER OCCUPANTS (NAMES, AGES): \_\_\_\_\_

HOURS USUALLY AT ADDRESS: \_\_\_\_\_ KNOWN HANG-OUTS: \_\_\_\_\_

\*PLACE OF EMPLOYMENT: \_\_\_\_\_ DAYS/HOURS OF WORK: \_\_\_\_\_

\*EMPLOYMENT ADDRESS: \_\_\_\_\_ \*PHONE: \_\_\_\_\_

\*VEHICLE MAKE: \_\_\_\_\_ \*COLOR: \_\_\_\_\_ TAG: \_\_\_\_\_

BEST PLACE TO MAKE SERVICE (CHECK ONLY ONE) P.O.E. \_\_\_\_\_ JAIL \_\_\_\_\_ OTHER: \_\_\_\_\_

\*WEAPONS (CIRCLE ONE) YES NO \*TYPE(S) OF WEAPONS: \_\_\_\_\_

\*WEAPONS LOCATED: \_\_\_\_\_

\*AGGRESSIVE ANIMALS ON PROPERTY (CIRCLE ONE) YES NO IF YES, DESCRIBE: \_\_\_\_\_

\*CHECK ALL THAT APPLY:

\_\_\_\_\_ VIOLENT TENDENCIES \_\_\_\_\_ ARMED AND DANGEROUS \_\_\_\_\_ KNOWN TO ABUSE DRUGS \_\_\_\_\_ KNOWN TO ABUSE ALCOHOL

\_\_\_\_\_ MENTAL HEALTH ISSUES \_\_\_\_\_ OTHER: \_\_\_\_\_

\*OTHER DISTINGUISHING FEATURES OR CAUTIONS (BE SPECIFIC): \_\_\_\_\_

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## **>>>YOU<<< PETITIONER'S INFORMATION (REQUIRED)**

PETITIONER'S NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

RELATIONSHIP TO RESPONDENT (CHECK ALL THAT APPLY)

\_\_\_\_\_ SPOUSE \_\_\_\_\_ FORMER SPOUSE \_\_\_\_\_ CHILD IN COMMON \_\_\_\_\_ INTIMATE PARTNER

\_\_\_\_\_ FAMILY MEMBER \_\_\_\_\_ OTHER \_\_\_\_\_

COMPLETED BY: \_\_\_\_\_ PHONE OR EMAIL \_\_\_\_\_