

CASE IDENTIFICATION INFORMATION FOR CONFIDENTIAL FORM FOR FOREIGN PROTECTION ORDER

For use by Court, Clerk, Prosecuting Attorney, and Law Enforcement Personnel ONLY
DIVISION OF STATE COURT ADMINISTRATION

STATE OF INDIANA)
COUNTY OF _____)

COURT: Superior, Room #: _____
(check one) Circuit

PETITIONER/PLAINTIFF/STATE OF INDIANA
v.

CASE #: _____ - _____ - _____ - _____

RESPONDENT/DEFENDANT

DATE: _____
m/d/yyyy

EMPLOYEE (IF WVRO)

PERSON RESTRAINED

Name:	Home: (_____)_____		
Home address:	Work: (_____)_____		
Postal address (if different from home address):	Cell: (_____)_____		
Sex: <input type="checkbox"/> male <input type="checkbox"/> female	Email: _____		
DOB:	Location of place of business or where person is usually or often found:		
Any scars or tattoos? <input type="checkbox"/> Yes <input type="checkbox"/> No	Describe nature and location of any scars or tattoos:		
Race:	Hair color:	Eye Color:	Height:
			Weight:

List the name(s), age, race, and sex of any person(s) residing at the household of the protected person. Attach additional sheet of paper if necessary.

Name:	Age: Race:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Name:	Age: Race:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Name:	Age: Race:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Name:	Age: Race:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Name:	Age: Race:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female

SECTION I. TERMS AND CONDITIONS OF FOREIGN PROTECTION ORDER [check all that apply]

- 01 The Respondent/Defendant is restrained from assaulting, threatening, abusing, harassing, following, interfering with, or stalking the Petitioner/Protected Person and/or the child of the Petitioner/Protected Person.
- 02 The Respondent/Defendant shall not threaten a member of the Petitioner/Protected Person’s family or household.
- 03 The Petitioner/Protected Person is granted exclusive possession of the residence or household.
- 04 The Respondent/Defendant is required to stay away from the residence, property, school or place of employment of the Petitioner/Protected Person or other family or household member.
- 05 The Respondent/Defendant is restrained from making any communication or contact with the Petitioner/Protected Person(s), including but not limited to, personal, written, or telephone contact, or their employer, employees, or fellow workers, or others with whom the communication would be likely to cause annoyance or alarm to the Petitioner/Protected Person(s).
- 06 The Respondent/Defendant [**not the Petitioner/Protected Person**] is awarded temporary custody of the children named.
- 07 The Respondent/Defendant is prohibited from possessing and/or purchasing a firearm or other weapon or ammunition.
- 08 Special terms and conditions of the Foreign Protection Order. Please comment:

- 09 The Petitioner is awarded custody of the named children.
- 10 The Respondent is prohibited from having any communication or contact with the named children, including but not limited to, personal, written, or telephone contact.

SECTION II. FOR USE BY CLERK OF COURT

A copy of this Confidential Data Entry Form for Foreign Protection Orders has been sent to the following law enforcement agencies:

_____ Sheriff of _____ County.

_____ Any other sheriff or enforcement agency of a municipality listed in this Form:

Name(s) of county(ies): _____.

Name(s) of municipality(ies): _____.

The copy was transmitted on (date): _____ by (name of person transmitting copy): _____.

NOTE: This portion must be completed when a protection, no-contact, workplace violence restraining order is requested. The information provided on this form will be used to update the statewide protective order database for the enforcement of the order.

CONFIDENTIAL FORM FOR FOREIGN PROTECTION ORDER

NOTE: The following information is confidential under Indiana law pursuant to Indiana Code § 5-2-7, and it may not be released.

PETITIONER

Home address: _____

DOB: _____

Race: _____

Sex: male female

SSN: (optional) _____

Home: (_____) _____

Work: (_____) _____

Cell: (_____) _____

Email: _____

Postal address (if different from home address): _____

When can protected person be reached at the above numbers or any alternative numbers?

Other protected address: _____

List the cities/counties where the protected person would like a copy of the order sent:

Address from confidentiality program of Attorney General: _____

PERSON RESTRAINED

SSN: _____

End of Confidential Form. The "Confidential Form" portion of this form must be on green paper according to Admin. Rule 9