

CONFIDENTIAL FORM

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

Note: The following information is confidential under Indiana law pursuant to Indiana Code § 5-2-9-7, and it may not be released.

STATE OF INDIANA) COUNTY OF _____)	COURT: <input type="checkbox"/> Superior, Room #: _____ (check one) <input type="checkbox"/> Circuit
_____ PETITIONER/PLAINTIFF/STATE OF INDIANA v. _____ RESPONDENT/DEFENDANT _____ EMPLOYEE (IF WVRO)	CASE #: _____ - _____ - _____ - _____ DATE: _____ m/d/yyyy

PERSON PROTECTED

Name:	Does the protected person live within a municipal boundary? (i.e., within city/town limits) <input type="checkbox"/> Yes <input type="checkbox"/> No
Home address:	If yes, which municipality? _____
DOB: Race: Sex: <input type="checkbox"/> male <input type="checkbox"/> female	SSN: (optional) Telephone No.: Home: (____) _____ Work: (____) _____
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: _____ _____ _____

PERSON RESTRAINED

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

List the name(s), dates of birth [DOB], race, and sex of any person(s) residing at the household of the protected person. Attach an additional sheet of paper if necessary.

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

NOTE: This portion of the Confidential Form must be completed when an order for protection, no-contact order, or 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.