

# CASE IDENTIFICATION INFORMATION FOR CONFIDENTIAL FORM

For use by Court, Clerk, Prosecuting Attorney, and Law Enforcement Personnel ONLY

## OFFICE OF JUDICIAL ADMINISTRATION

STATE OF INDIANA )  
 COUNTY OF \_\_\_\_\_)

COURT:  Superior, Room #: \_\_\_\_\_  
 (check one)  Circuit

CASE #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_  
 PETITIONER/PLAINTIFF/NEXTFRIEND/STATE OF INDIANA  
 v.

DATE: \_\_\_\_\_  
 mm/dd/yyyy

\_\_\_\_\_  
 RESPONDENT/DEFENDANT

\_\_\_\_\_  
 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:	Eye Color:
Hair color:	Height:
	Weight:

**List the name(s), age, race, and sex of any person(s) residing at the household of the protected person who are NOT PROTECTED parties. Protected parties are listed on the Confidential Form which follows. Attach an 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
Name:	Age: Race:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female

# CONFIDENTIAL FORM

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

## PETITIONER

Home address: \_\_\_\_\_

DOB: \_\_\_\_\_  
Race: \_\_\_\_\_  
Sex:  male  female

SSN: (optional) \_\_\_\_\_

Home: (\_\_\_\_) \_\_\_\_\_  
Work: (\_\_\_\_) \_\_\_\_\_  
Fax: (\_\_\_\_) \_\_\_\_\_  
Cell: (\_\_\_\_) \_\_\_\_\_  
Email: \_\_\_\_\_

### PROTECTION ORDERS ONLY:

Do you wish to receive notifications when the order is issued, served, and about to expire?  Yes  No

Method:  Email  Text

**You must provide data in the proper fields above to match the Method of notification chosen. See Notification Information at the bottom of this form.**

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: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## OTHER PROTECTED PARTIES

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex:  Male  Female

Date of Birth: \_\_\_\_\_

Race: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex:  Male  Female

Date of Birth: \_\_\_\_\_

Race: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex:  Male  Female

Date of Birth: \_\_\_\_\_

Race: \_\_\_\_\_

**Attach an additional sheet of paper if necessary to list additional protected parties.**

## PERSON RESTRAINED

SSN: \_\_\_\_\_

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

### Notification Information

- The user will incur standard text-messaging fees for any messages received.
- The user is responsible to notify the Clerk's office of any changes to their contact information which may include their cell phone number and email address.
- The Indiana Supreme Court's Office of Judicial Administration may not be held liable for the failure of the receipt of a notification.
- The notifications sent to users are a service being provided by the Indiana Supreme Court's Office of Judicial Administration.