

**Domestic Violence Petitioner/Respondent Information Sheet**

DV \_\_\_\_\_

**Note: The information in this form is confidential and will only be used by the Court and the Sheriff's Office in their efforts to serve the Respondent.**

**Petitioner Information:**

**Your Name:** \_\_\_\_\_

**Daytime Phone #:** \_\_\_\_\_ **Cell Phone #:** \_\_\_\_\_

\*\*\*\*\*

**Respondent Information:**

**Respondent's Name:** \_\_\_\_\_

**Also Known As:** \_\_\_\_\_

**Sex: Male or Female** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Race:** \_\_\_\_\_ **Height :** \_\_\_\_\_ **Weight:** \_\_\_\_\_

**Eyes:** \_\_\_\_\_ **Hair:** \_\_\_\_\_

**Scars/Tattoos:** \_\_\_\_\_

**Respondent's Last Known: Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Daytime Phone#:** \_\_\_\_\_ **Cell Phone#:** \_\_\_\_\_

**Respondent's Employer's Name:** \_\_\_\_\_

**Employer's Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

**Normal Work Hours/Days:** \_\_\_\_\_

**Additional Comments:** \_\_\_\_\_

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