

DOMESTIC VIOLENCE PROTECTION/DISORDERLY CONDUCT RESTRAINING ORDER/ SEXUAL ASSUAL RESTRAINING ORDER COVER SHEET

To be delivered to the responsible Law Enforcement Agency along with the Order.

Type or print clearly! All areas with an asterisk (*) must be completed. This information is **necessary** to serve, enforce and enter your order into the statewide law enforcement system. Fill in the following information as completely as possible.

Court:	Case Number:
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Restrained Person's Information (This is the person that you want the court to restrain.)

Is Respondent to be removed from the residence? No Yes

Are weapons involved? No Yes If Yes, how many: __Pistols __Rifles __Shotguns __Other _____

Does Respondent possess a ND Concealed Weapons Permit? No Yes Unknown

Is Respondent known to be violent towards persons other than the Protected Person(s)? No Yes Please explain:

Name*:	First	Middle	Last	Nickname	Relationship to Protected Person
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Gender* <input type="checkbox"/> Male <input type="checkbox"/> Female	Race* <input type="checkbox"/> Asian <input type="checkbox"/> Indian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Unknown
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Height	Weight	Eye Color	Hair Color	Other Identifying Characteristics
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Last Known Address*	Phone(s) w/Area Code
Street:	
City:	State: Zip:

Other Address(es) Where Respondent May be Found:

Employer	Employer's Address	WORK Hours: Phone:
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Vehicle Make and Model	Vehicle Color	Vehicle Year
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AT LEAST ONE of the Following is Required*:

Date of Birth	Social Security Number	Vehicle License Number & State (expiration date is required)	Drivers License or ID number & State (expiration date is required)
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Protected Person's Information (This is the person you want the court to protect.)

Name*:	First	Middle	Last
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Date of Birth or Social Security Number*	<input type="checkbox"/> Male <input type="checkbox"/> Female	Race	Height	Weight	Eye Color	Hair Color
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Current Address	Phone(s) w/Area Code
Street:	
City:	State: Zip:

If you filed for someone else, list your name, phone number and address:	Notification of Service? <input type="checkbox"/> No <input type="checkbox"/> Yes Phone(s):
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Other Protected Persons Information (These are the other persons listed in the petition you want the court to protect.)

Name*: First Middle Last	Gender	Birth date or Social Security Number *	Resides With	Relationship to Protected Person
	<input type="checkbox"/> Male <input type="checkbox"/> Female			
	<input type="checkbox"/> Male <input type="checkbox"/> Female			
	<input type="checkbox"/> Male <input type="checkbox"/> Female			
	<input type="checkbox"/> Male <input type="checkbox"/> Female			