

PENOBSCOT NATION JUDICIAL SYSTEM

PROTECTION ORDER SERVICE INFORMATION

DEFENDANT

Defendant's Name: _____

Home Address: _____

Apartment number and/or floor: _____

Color of house or other description: _____

If living with another person, other person's name: _____

Telephone: home/work/cell: _____

Hours defendant will most likely be at home: _____

Name of Employer: _____

Work Address: _____

Work Schedule: ☐ Mon ☐ Tues ☐ Wed ☐ Thurs ☐ Fri ☐ Sat ☐ Sun

Hours Worked: _____ ☐ AM ☐ PM to _____ ☐ AM ☐ PM

PHYSICAL DESCRIPTION (If known)

Birth Date (*mm/dd/yyyy*): _____

Height: _____

Weight: _____

Hair Color: _____

Eye Color: _____

Gender: _____

Race: ☐ White ☐ Black ☐ Asian or Pacific Islander ☐ American Indian/Alaskan Native ☐ Other

VEHICLE (If known)

Make and Year(*yyyy*): _____

Type/Model: _____

Color: _____

Registration No. and State: _____

Other: _____

If you are unable to provide the above information, please list below the name, address, and telephone number of anyone who can help the serving officer locate the defendant:

ADDITIONAL INFORMATION

Does the defendant own a firearm or other weapon? ☐ No ☐ Yes

If the defendant owns a firearm or other weapon, answer the following questions:

Describe the weapon(s): _____

Where is/are the weapon(s) usually kept? Include the address where the weapon(s) are usually kept and describe the location of the weapon(s) (i.e., under the bed), if known:

Does the defendant have a history of violence? _____

Is there anything else the serving officer should know about the defendant? _____

PLAINTIFF

Plaintiff's Name: _____

Address (unless confidential): _____

Telephone: home/work/cell (unless confidential): _____