

PFA Data Sheet

The following information is needed so that your protection order can be entered into the statewide registry of protection orders. If you do not know an answer, leave it blank.

ABUSER/DEFENDANT INFORMATION

Abuser's name: _____ Abuser's sex: M ___ F ___

Address: _____ Date of birth: _____

_____ Soc.Sec.No.: _____

Abuser's operator's license no.: _____ State: _____ Year: _____

Vehicle registration no.: _____ State: _____ Year: _____ Type: _____

Abuser's place of birth: _____ Height: _____ Weight: _____

Describe any scars, marks, or tattoos: _____

Eye color: _____ Hair color: _____ Skin tone: _____

Abuser's race: _____ American Indian/Alaskan Native _____ Black
_____ Asian/Pacific Islander _____ White
_____ Hispanic _____ Unknown

VICTIM/PLAINTIFF INFORMATION

Name: _____ Date of birth: _____

Address: _____ Your sex: M ___ F ___

Your race: _____ American Indian/Alaskan Native _____ Black
_____ Asian/Pacific Islander _____ White
_____ Hispanic _____ Unknown

IF YOU ARE SEEKING A PROTECTION ORDER FOR ANOTHER PERSON (SUCH AS A CHILD), PLEASE GIVE THE FOLLOWING INFORMATION FOR THAT PERSON

Person's name: _____ Date of birth: _____

Address: _____ Sex: M ___ F ___

Person's race: _____ American Indian/Alaskan Native _____ Black
_____ Asian/Pacific Islanders _____ White
_____ Hispanic _____ Unknown