

Enter "UNK" if data is not available. Do not hold order to collect this information

FAMILY PROTECTION REGISTRY  
INFORMATION SHEET

(10/2005)

\*\*\*\*\* ASTERISKED AREAS ARE REQUIRED \*\*\*\*\*

** Court ORI No: NY0 _____ J	** Name of Court: _____
** Order No: 200 _____	** County: _____
** Docket/Index No: _____	Court Contact: Name _____ Tel: _____
** Issuance Date on Order: _____	** Expiration Date: _____
** Law Enforcement Agency (Where copy of Order is Filed): _____ Police Ori: NY _____	

**\*\*SERVICE OF ORDER:**

- Police to Serve Order     Other (later service)     Order served in Court (Date: \_\_\_\_\_ Time: \_\_\_\_\_)
- Notification by Mail (Mail date: \_\_\_\_\_)     Order Previously Served ( Date: \_\_\_\_\_ no new service to be done)

**APPLYING/PROTECTED PARTY (Party Requesting Order)**

**Name: (Prefix) _____ (First) _____ (M) _____ (Last) _____ (Seniority) _____ (Suffix) _____	
<input type="checkbox"/> Child <input type="checkbox"/> Unborn Child <input type="checkbox"/> No First Name	
**Date of Birth: _____	**Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unk    Height: _____    Eye Color: _____
**Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian/Pacific Islander	Weight: _____    Hair Color: _____
** Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	Lic Plate # _____ State: _____    Drivers ID: _____ State: _____
Mother's Maiden Name: _____	Soc. Sec. No.: _____    NYSID: _____
Alias or Nickname: (Prefix) _____ (First) _____ (M) _____ (Last) _____ (Seniority) _____ (Suffix) _____	
**Address Information: **    **Confidential? <input type="checkbox"/> Yes <input type="checkbox"/> No    Type (ie Home, Work) _____	
(Street) _____	(Apt) _____ (Floor) _____ (Room) _____
(City) _____ (State) _____ (Zip) _____	Mail c/o: _____
Contact Information:    **Confidential? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Outside USA	
Phone (home): _____ (work): _____ (other) : _____    email: _____    fax: _____	
** Is Any Protected Party the Enjoined/Against Party's Intimate Partner, or the Child of either the Protected or Enjoined Party or Both" ** <input type="checkbox"/> Yes <input type="checkbox"/> No	** Select the relationship between Enjoined/Against Party and Protected Party: <input type="checkbox"/> Spouse <input type="checkbox"/> Ex-Spouse <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Child-in-Common <input type="checkbox"/> Child of One Party

**ENJOINED/AGAINST PARTY (Party Against Whom Order Runs)**

**Name: (Prefix) _____ (First) _____ (M) _____ (Last) _____ (Seniority) _____ (Suffix) _____	
<input type="checkbox"/> Child <input type="checkbox"/> Unborn Child <input type="checkbox"/> No First Name	
**Date of Birth: _____	**Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unk    Height: _____    Eye Color: _____
**Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian/Pacific Islander	Weight: _____    Hair Color: _____
** Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	Lic Plate # _____ State: _____    Drivers ID: _____ State: _____
Mother's Maiden Name: _____	Soc. Sec. No.: _____    NYSID: _____
Alias or Nickname: (Prefix) _____ (First) _____ (M) _____ (Last) _____ (Seniority) _____ (Suffix) _____	
**Address Information: **    **Confidential? <input type="checkbox"/> Yes <input type="checkbox"/> No    Type (ie Home, Work) _____	
(Street) _____	(Apt) _____ (Floor) _____ (Room) _____
(City) _____ (State) _____ (Zip) _____	Mail c/o: _____
Contact Information:    **Confidential? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Outside USA	
Phone (home): _____ (work): _____ (other) : _____    email: _____    fax: _____	
Is Police Caution Advised? If yes, why? _____	