

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

FAMILY PROTECTION REGISTRY INFORMATION SHEET

(8/2013)

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

** Court ORI No: NY0 J ** Name of Court:
** Order No: 20 - ** 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:
Notification by Mail Mail date: (Family orders only) Order Previously Served Date: no new service needed

APPLYING/PROTECTED PARTY (Party Requesting Order)

**Name: (First) (M) (Last) (Suffix)
**DOB: **Sex: M F Unk Child Unborn Child No First Name Height: Eye Color:
**Race: White Black Other Unk Amer. Indian/Alaskan Native Asian/Pacific Island Weight: Hair Color:
** Ethnicity: Hispanic Non-Hispanic Lic Plate # State: Drivers ID: State:
Mother's Maiden Name: Soc. Sec. No.: NYSID:
Alias or Nickname: (First) (M) (Last) (Suffix)
**Address Information: ** Confidential? Yes No Type (ie Home, Work)
(Street) (Apt) (Floor) (Room)
(City) (State) (Zip) (County) (Nation)
Contact Information: Confidential? Yes No Outside USA
Phone (home): (work): (other): email: fax:
Against Party Relationship to Protected Party
Spouse Ex-Spouse Father Mother Parent Intimate-Live Together
Unk Intimate-Civil Union Intimate-Reg Domestic Partner Step-Parent
Other Intimate-Dated Formerly Intimate-Dating Intimate-Other
If so, have the parties ever lived together? Yes No
Additional Protected Parties: (Please use one of the above relationships)
Name: DOB Sex: M F Relationship to Against
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Name: DOB Sex: M F Relationship to Against
If any above has an intimate-dating/former dating/other rel. with the against party, have they ever lived together? Yes No

ENJOINED/AGAINST PARTY (Party Against Whom Order Runs)

**Name: (First) (M) (Last) (Suffix)
**Date of Birth: **Sex: Male Female Unk Height: Eye Color:
**Race: White Black Other Unk Amer. Indian/Alaskan Native Asian/Pacific Island Weight: Hair Color:
** Ethnicity: Hispanic Non-Hispanic Lic Plate # State: Drivers ID: State:
Mother's Maiden Name: Soc. Sec. No.: NYSID:
Alias or Nickname: (First) (M) (Last) (Suffix)
**Address Information: ** Confidential? Yes No Type (ie Home, Work)
(Street) (Apt) (Floor) (Room)
(City) (State) (Zip) (County) (Nation)
Contact Information: Confidential? Yes No Outside USA
Phone (home): (work): (other): email: fax:
Is Police Caution Advised? If yes, why:

