

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: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Unk <input type="checkbox"/> Child <input type="checkbox"/> Unborn Child <input type="checkbox"/> No First Name Height: _____ Eye Color: _____
**Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Other <input type="checkbox"/> Unk <input type="checkbox"/> Amer. Indian/Alaskan Native <input type="checkbox"/> Asian/Pacific Island 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: (First) _____ (M) _____ (Last) _____ (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: _____	
(County) _____ (Nation) _____	
Contact Information: **Confidential? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Outside USA	
Phone (home): _____ (work): _____ (other): _____ email: _____ fax: _____	
Against Party Relationship to Protected Party <input type="checkbox"/> Spouse <input type="checkbox"/> Ex-Spouse <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Parent <input type="checkbox"/> Intimate-Live Together <input type="checkbox"/> Unk <input type="checkbox"/> Intimate-Civil Union <input type="checkbox"/> Intimate-Reg Domestic Partner <input type="checkbox"/> Step-Parent <input type="checkbox"/> Other	<input type="checkbox"/> Intimate-Dated Formerly <input type="checkbox"/> Intimate-Dating <input type="checkbox"/> Intimate-Other If so, have the parties ever lived together? <input type="checkbox"/> Yes <input type="checkbox"/> No
Additional Protected Parties: (Please use one of the above relationships)	
Name: _____ DOB _____ Sex: M F Relationship to Against _____	
Name: _____ DOB _____ Sex: M F Relationship to Against _____	
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? <input type="checkbox"/> Yes <input type="checkbox"/> No	

ENJOINED/AGAINST PARTY (Party Against Whom Order Runs)

**Name: (First) _____ (M) _____ (Last) _____ (Suffix) _____	
**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"/> Unk <input type="checkbox"/> Amer. Indian/Alaskan Native <input type="checkbox"/> Asian/Pacific Island 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: (First) _____ (M) _____ (Last) _____ (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: _____	
(County) _____ (Nation) _____	
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: _____	

