

ORIGINAL MODIFICATION CONTINUANCE ORDER AFTER HEARING

DOMESTIC VIOLENCE RESTRAINING ORDERS -- REQUIRED LAW ENFORCEMENT INFORMATION

The following information will be entered into the Department of Justice's restraining order files to prevent the defendant from purchasing or attempting to purchase a firearm for as long as the order is in effect.

CASE NO. _____

PRINT ONLY

PERSON PROTECTED BY DOMESTIC VIOLENCE RESTRAINING ORDER

FULL NAME AND ADDRESS <i>(THE DEFENDANT IS NOT ALLOWED TO SEE THIS FORM)</i>			
_____ , _____			
<i>Last Name</i>	<i>First Name</i>	<i>Middle Name</i>	

<i>Street Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>

PERSON TO BE RESTRAINED

FULL NAME				
_____ , _____				
<i>Last Name</i>		<i>First Name</i>		<i>Middle Name</i>

<i>Other Names used or Nicknames</i>				
SEX <input type="checkbox"/> Male <input type="checkbox"/> Female		RACE <i>(check one only)</i>		
DATE OF BIRTH		<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Chinese <input type="checkbox"/> Japanese <input type="checkbox"/> American Indian <input type="checkbox"/> Filipino <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Guamanian <input type="checkbox"/> Asian Indian <input type="checkbox"/> Laotian <input type="checkbox"/> Vietnamese <input type="checkbox"/> Hawaiian <input type="checkbox"/> Korean <input type="checkbox"/> Samoan <input type="checkbox"/> Other Asian		
HEIGHT Feet Inches		EYE COLOR <i>(check one only)</i>		
WEIGHT Pounds		HAIR COLOR <i>(check one only)</i>		
<input type="checkbox"/> Black <input type="checkbox"/> Hazel <input type="checkbox"/> Blue <input type="checkbox"/> Maroon <input type="checkbox"/> Brown <input type="checkbox"/> Pink <input type="checkbox"/> Gray <input type="checkbox"/> Multicolor <input type="checkbox"/> Green		<input type="checkbox"/> Black <input type="checkbox"/> Red <input type="checkbox"/> Blond <input type="checkbox"/> Sandy <input type="checkbox"/> Brown <input type="checkbox"/> White <input type="checkbox"/> Gray		
ADDRESS				

<i>Street Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>	
SOCIAL SECURITY NUMBER _____				
DRIVER'S LICENSE NUMBER _____ DRIVER'S LICENSE STATE _____				
DRIVER'S LICENSE YEAR OF EXPIRATION _____				

THIS INFORMATION CAN NOT BE ENTERED INTO THE DEPARTMENT OF JUSTICE'S FILES UNTIL THE DEFENDANT HAS BEEN PERSONALLY SERVED. YOU NEED TO BRING A COPY OF THE PROOF OF SERVICE TO THE LAW ENFORCEMENT AGENCY HAVING JURISDICTION OVER YOUR RESIDENCE.

TO BE COMPLETED BY LAW ENFORCEMENT AGENT:

RECEIVED BY _____ Name Employee Number Date

