

CASE IDENTIFICATION INFORMATION FOR CONFIDENTIAL FORM

For use by Court, Clerk, Prosecuting Attorney, and Law Enforcement Personnel ONLY

DIVISION OF STATE COURT ADMINISTRATION

STATE OF INDIANA)
 COUNTY OF _____)

COURT: Superior, Room #: _____
 (check one) Circuit

CASE #: _____ - _____ - _____ - _____

 PETITIONER/PLAINTIFF/STATE OF INDIANA

v.

DATE: _____
 mm/dd/yyyy

 RESPONDENT/DEFENDANT

 EMPLOYEE (IF WVRO)

PERSON RESTRAINED

Name:	Home: (____) _____			
Home address:	Work: (____) _____			
	Cell: (____) _____			
	Email: _____			
Postal address (if different from home address):	Location of place of business or where person is usually or often found:			
Sex: <input type="checkbox"/> male <input type="checkbox"/> female				
DOB:	Describe nature and location of any scars or tattoos:			
Any scars or tattoos? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Race:	Hair color:	Eye Color:	Height:	Weight:

List the name(s), age, race, and sex of any person(s) residing at the household of the protected person. Attach an additional sheet of paper if necessary.

Name:	Age: Race:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Name:	Age: Race:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Name:	Age: Race:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Name:	Age: Race:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Name:	Age: Race:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female

NOTE: This portion must be completed when a protection, no-contact, workplace violence restraining order is requested. The information provided on this form will be used to update the statewide protective order database for the enforcement of the order.

CONFIDENTIAL FORM

Note: The following information is confidential under Indiana law pursuant to Indiana Code § 5-2-9-7, and it may not be released.

PETITIONER

Home address: _____

DOB: _____

Race: _____

Sex: male female

SSN: (optional) _____

Home: (____) _____

Work: (____) _____

Fax: (____) _____

Cell: (____) _____

Email: _____

PROTECTION ORDERS ONLY:

Do you wish to receive notifications when the order is issued, served, and about to expire? Yes No

Method: Email Text Fax

Cell Phone Service Provider (if you selected Text as the notification method): _____

You must provide data in the proper fields above to match the Method of notification chosen. See Notification Information at the bottom of this form.

Postal address (if different from home address): _____

When can protected person be reached at the above numbers or any alternative numbers?

Other protected address: _____

List the cities/counties where the protected person would like a copy of the order sent:

Address from confidentiality program of Attorney General: _____

PERSON RESTRAINED

SSN: _____

End of Confidential Form. The "Confidential Form" portion of this form must be on green paper according to Admin. Rule 9

Notification Information

- The user will incur standard text-messaging fees for any messages received.
- The user is responsible to notify the Clerk's office of any changes to their contact information which may include their cell phone number and email address.
- The Indiana Supreme Court's Division of State Court Administration may not be held liable for the failure of the receipt of a notification.
- The notifications sent to users are a service being provided by the Indiana Supreme Court's Division of State Court Administration.
- Cell Phone Service Providers Supported: Alltel, AT&T, Boost, Cellular South, Centennial Wireless, Cincinnati Bell, Cricket Wireless, Metro PCS, Powertel, Qwest, Rogers, Sprint, Suncom, Telus, T-Mobile, US Cellular, Verizon Wireless, Virgin Mobile