



DEKALB COUNTY SHERIFF'S OFFICE DOMESTIC VIOLENCE UNIT
TEMPORARY PROTECTIVE ORDER INFORMATION SHEET

DATE: _____

EVICT SERVE CONTEMPT

CIVIL ACTION NUMBER: _____ RULE NISI: _____

DEFENDANT'S NAME: _____

DEFENDANT'S NICKNAMES/ALIAS: _____

DOB: _____ SEX: _____ RACE: _____ ALIAS: _____

ADDRESS FOR SERVICE: _____

APARTMENT COMPLEX: _____ GATE CODE: _____ PHONE #: _____

EMPLOYER: _____ PHONE #: _____ HOURS: _____

EMPLOYERS ADDRESS: _____

DEFENDANT'S AGE: _____ SS#: _____

HEIGHT: _____ WEIGHT: _____ GLASSES: _____ BEARD: _____ MOUSTACHE: _____

DRUGS/ALCOHOL: _____ TATTOOS: _____ EYES: _____ HAIR: _____ SCARS: _____

EMAIL ADDRESS: _____ FACEBOOK NAME: _____

TWITTER HANDLE: _____ SNAPCHAT HANDLE: _____

VEHICLE MAKE: _____ MODEL: _____ YEAR: _____ COLOR: _____ LICENSE#: _____

NCIC CHECK/OUTSTANDING WARRANTS: YES: _____ CHARGES: _____

PREVIOUS ARREST: _____ BEST TIME TO SERVE: _____

ITEMS TO RETRIEVE: _____

RETRIEVE HOUSE KEYS: _____ CAR KEYS: _____ OTHER: _____

PETITIONER'S NAME: _____

DOB: _____ SEX: _____ RACE: _____ ALIAS: _____

CONTACT PETITIONER WHEN SERVED:

HOME#: _____ CELL#: _____ OTHER CONTACT#: _____

*****PROVIDED VICTIM ASSISTANCE MATERIAL YES: _____ NO: _____

*****CAUTIONS*****: _____ WEAPONS: _____

AGGRESSIVE RISK: _____

PLEASE RETURN THIS COVER SHEET TO CIVIL PROCESS

*****ATTENTION VICTIMS*****

THE SHERIFF'S OFFICE NEEDS THE ABOVE INFORMATION IN ORDER TO PLACE THE TPO ON THE GCIC SYSTEM. WITHOUT SPECIFIC INFORMATION THE ORDER MAY NOT BE ENTERED INTO THE NATIONAL CRIME SYSTEM DATABASE. THIS CAN BE IMPORTANT FOR YOUR SAFETY, SO PLEASE TAKE THE TIME TO COMPLETE THE FORM TO THE BEST OF YOUR ABILITY.