

Please attach additional sheets listing Respondent's other alternate or previous addresses, if needed.

Other possible addresses where Respondent may be found:

(List any addresses that you think may be helpful to law enforcement. Examples include, but are not limited to, addresses for Respondent's relatives; Respondent's girlfriend/boyfriend/spouse's address; locations where Respondent frequents, such as a school or university, restaurants, bars, nightclubs, health clubs or gyms, sports facilities, clubs or organizations, public parks, government buildings, etc. Please provide as much information as you can to assist law enforcement.)

1. _____
Name (of resident or business)

Street

City State Zip

What day of the week and time is Respondent usually at this address? _____
Relationship to Respondent: _____

2. _____
Name (of resident or business)

Street

City State Zip

What day of the week and time is Respondent usually at this address? _____
Relationship to Respondent: _____

3. _____
Name (of resident or business)

Street

City State Zip

What day of the week and time is Respondent usually at this address? _____
Relationship to Respondent: _____

Description of Respondent

Race _____ White/Caucasian
_____ Black or African American

Hispanic or Latino
 Asian
 Native American or Alaska Native
 Native Hawaiian or Other Pacific Islander
 Other (specify _____)

Sex: Male Female

Hair color: _____

Height: _____ ft _____ inches

Eye color: _____

Weight: _____

Tattoos: _____

Piercings: _____

Scars/Marks: _____

Other description (facial hair, glasses, prosthetics, etc.) _____

Language(s) spoken by Respondent: _____

Is an interpreter needed? Yes No

Is the Respondent known to be violent with anyone other than you?

Yes No I don't know

Firearms and Weapons

Does the Respondent currently own or possess a firearm? Yes No I don't know

Has the Respondent possessed a firearm in the past? Yes No I don't know

Is the Respondent known to have any other weapons? Yes No I don't know

If yes, list the weapons: _____

Is the Respondent required to carry/use a firearm in the capacity of his/her job?

Yes No I don't know

Vehicle Information

(automobiles, trucks, motorcycles, etc.)

Vehicle 1:

Make: _____ Model: _____ Year: _____

Color: _____ Tag: _____

Vehicle 2:

Make: _____ Model: _____ Year: _____

Color: _____ Tag: _____

Respondent's Employer Information

Employer 1

Name: _____

Employer's Address: _____

Street

City

State

Zip

Employer's Phone: _____

Supervisor's Name: _____

Respondent's Normal Work Schedule: _____

Days

Hours

Does Respondent travel for work? _____ Yes _____ No

If so, provide locations/route: _____

Employer 2

Name: _____

Employer's Address: _____

Street

City

State

Zip

Employer's Phone: _____

Supervisor's Name: _____

Respondent's Normal Work Schedule: _____

Days

Hours

Does Respondent travel for work? _____ Yes _____ No

If so, provide locations/route: _____

Additional Information

Please provide any additional information that may assist law enforcement in locating Respondent.

Petitioner:

Law enforcement may need to contact you for further information on Respondent. Information in this form is intended to remain confidential and will not be filed in the court file. If your address is confidential pursuant to Florida law, you may choose not to list it below. In that case, please provide a phone number where you can be reached so that law enforcement can contact you, if necessary, for additional information on Respondent.

Petitioner's Name _____
 First Middle Last

Petitioner's Address: _____
 Street

City	State	Zip
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Petitioner's home phone (____) _____
Petitioner's work phone: (____) _____
Petitioner's cell phone: (____) _____
Alternate phone: (____) _____