

CPO REPORT

FOR LAW ENFORCEMENT PURPOSES ONLY

THE INFORMATION CONTAINED IN THIS REPORT IS INTENDED TO AID LAW ENFORCEMENT OFFICERS IN THE SERVICE AND ENFORCEMENT OF THE PROTECTION ORDER.

INITIATED BY: _____

CASE # _____

- VICTIMS ASSISTANCE
- ONEEIGHTY
- OTHER _____

Petitioner's/Victim's Name _____

Address _____

Phone () _____

Address where staying, if different _____

Phone () _____

Social Security Number _____ Date of Birth _____

Name and address of parent(s) or other close relative _____

Phone () _____

Name and address of employer _____

Occupation _____ Phone () _____

Normal work hours/days _____

PLEASE RETURN TO ISSUING AGENCY

Date _____

Additional Comments _____

Time Served _____

Place Served _____

Personal Service _____

CPO REPORT

Respondent's (Assailant) Name _____

Address _____

Phone () _____

Social Security Number _____ Date of Birth _____

Physical Description: Height _____ Weight _____ Hair _____ Eyes _____ Race _____

Sex _____ Scars and/or Tattoos _____

Vehicle Description: Year _____ Make _____ Model _____

Color _____ License# _____ State _____

Name and address of parent(s) or other close relative _____

Phone () _____

Name and address of employer _____

Occupation _____ Phone () _____

Normal work hours/days _____

Places frequented _____

Dangerous? _____ If yes, why? _____

Does the Respondent use drugs or engage in excessive use of alcohol? _____ If yes, please furnish details _____

Is the Respondent on parole or probation? _____ If yes, county and name of parole or probation officer _____

History of mental illness or use of drugs _____

Does Respondent carry a gun? _____ If yes, the type and where is it normally carried? _____

Does respondent carry any other type of weapon? _____ If yes, the type and where is it normally carried? _____

Is there any history of violence in the Respondent's family background? _____ If yes, please explain _____