PARE LA PAZ COUNTY JUSTICE COURT #1506 1105 W. ARIZONA AVENUE PARKER, AZ 85344 (928) 669-2504

**Case No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Plaintiff’s Information Sheet**

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| **Please PRINT all information on this form and on the petition *after* you have read** **the Plaintiff’s Guide Sheet for Protective Orders.** |
| **Your name** |  | **Your birth date** |  |
| **Address** |  | **Main phone number** |  |
|  |
| **City, State, ZIP** |  |  |  |
| **\*Cell phone** |  |
| **Mailing address (if different)** |  | \*Allow texts from court? 🞎Yes 🞎 No  |
|  |
|  |  | **\*Alternate cell phone** |  |
| **Email** |  | \*Allow texts from court? 🞎Yes 🞎 No  |

**CONFIDENTIAL ADDRESS.** Your address and contact information are confidential. Indicate any other addresses that should be kept confidential. Do **not** include confidential addresses on the petition because a copy of it will be served on the defendant. 🞎 Keep work address confidential. 🞎 Keep school address confidential.

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| **RELATIONSHIP**\* | Choose the options that best describe your relationship to the defendant. \*If you are applying on behalf of another person, choose the relationship between the **other person** and the defendant. |

|  |  |
| --- | --- |
| 🞎 Married (past or present) 🞎 Live/lived together as intimate partners  | 🞎 Related as parent, grandparent, child, grandchild, brother, sister (including step or in-law) |
| 🞎 Parent of a child in common | 🞎 Live/lived together but not as intimate partners  |
| 🞎 One party is pregnant by the other 🞎 Romantic or sexual relationship (past or present) | 🞎 Other (describe)  |

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| **Defendant’s name** |  | **Telephone** |  |
| **Address** |  | **Cell phone** |  |
| **City, State, ZIP** |  | **Email**  |  |

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| --- | --- | --- | --- | --- | --- |
| **DEFENDANT IDENTIFIERS**Please provide all information to the best of your knowledge. U*If you do not know the defendant’s birth date, make your best guess.* UIf you have the birth date, please check the “Estimated” box.  | **Sex** | **Race** | **Birth date** | **Height** | **Weight** |
|  |  | *required* | 🞎 Actual🞎 Estimated |  |  |
| **Eye color** | **Hair color** | **Social Security #** |
|  |  |  |
| **Driver license #: State: Expiration date:**  |