

DEFENDANT INFORMATION FORM AS PROVIDED BY PLAINTIFF G.L. c. 209A or G.L. c. 258E				DOCKET NO. <i>(for court use only)</i>		Massachusetts Trial Court	
This information is requested to help police to identify and locate the Defendant in order to serve the Defendant with a copy of any restraining Order that is issued. Please provide as much information as possible.							
DEFENDANT'S NAME						DATE OF BIRTH	
OTHER NAMES USED BY DEFENDANT, IF ANY						PLACE OF BIRTH	
MOTHER'S MAIDEN NAME (FIRST & LAST)				FATHER'S NAME (FIRST & LAST)		SOCIAL SECURITY NO.	
SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	RACE	EYES	HAIR	HEIGHT	WEIGHT	PHOTO AVAILABLE? <i>(very helpful for ID)</i> <input type="checkbox"/> YES <input type="checkbox"/> NO	
BUILD		OTHER PHYSICAL CHARACTERISTICS <i>(beard, glasses, scars, tattoos, complexion, hairstyle)</i>					
DEFENDANT'S HOME ADDRESS (NO., STREET, CITY, STATE, ZIP)						DEFENDANT'S HOME TELEPHONE NO.	
APT. NO.	FLOOR NO.	NAME ON DOOR/MAILBOX		DOES DEFENDANT UNDERSTAND ENGLISH? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NOT, WHAT LANGUAGE(S)?			
DEFENDANT'S EMPLOYER/WORKPLACE						WORK TELEPHONE NO.	
WORK ADDRESS (NO., STREET, CITY, STATE, ZIP)						TITLE	
DEPARTMENT						WORK HOURS	
OTHER PLACES DEFENDANT MAY BE FOUND <i>(friends, bars, relatives, hangouts)</i>						BEST PLACE TO FIND DEFENDANT	
MOTOR VEHICLE LICENSE PLATE		YEAR	MAKE	MODEL	COLOR	BEST TIMES TO FIND DEFENDANT	
DOES DEFENDANT HAVE: <i>(describe very briefly)</i>							
A history of violence toward police officers?				<input type="checkbox"/> NO <input type="checkbox"/> YES			
A history of using/abusing drugs or alcohol?				<input type="checkbox"/> NO <input type="checkbox"/> YES What kind?			
Access to guns, a license to carry, or possess a gun?				<input type="checkbox"/> NO <input type="checkbox"/> YES What kind?			
Psychiatric/emotional problems?				<input type="checkbox"/> NO <input type="checkbox"/> YES What kind?			
ANY OTHER INFORMATION WHICH MIGHT BE HELPFUL IN LOCATING THE DEFENDANT							
DATE SIGNED		PRINT PLAINTIFF'S NAME			PLAINTIFF'S SIGNATURE X		