Case Namevv.	Case Number:
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Information Sheet for Registering a Protection Order

Complete this form and attach it to the Verified Complaint for Protection Order Form JDF 402. Complete and accurate information is critical for the enforcement of a Protection Order.

If this form is incomplete, information may not be posted at Colorado Bureau of Investigation (CBI) for Law Enforcement officials to access and your protection order may not be properly enforced.

Information about You (The Protected Party)

Current co-habitants Former co-habitants Restrained Party is a parent of the child(ren). Partner in a Civil Union Parties have been or are involved in an intimate relationship for months. Other persons to be protected: (i.e. children)		1111011		ou (The Th	Olcolo	a i aity)	
Height:Weight:Hair Color:Eye Color: Complete Home Address:	Full Name:		Date of B	Birth:			
Complete Home Address: Apt. #: City: State: Zip Code: Telephone #s: Home: Work: Cell: Cell: Mork: Cell: Cell:	Physical description:	Gender: \square Ma	e 🗖 Female Ra	ace:			
City:	Height:Weigh	t:	Hair Color:		ye Color:		
Telephone #'s: Home: Work: Cell:	Complete Home Address:					Apt. #:	
Information about Party to be Restrained	City:				Zip C		
□ Spouse □ Former Spouse □ Both parties are parents of the child(ren). □ Current co-habitants □ Restrained Party is a parent of the child(ren). □ Partner in a Civil Union □ Former Partner in a Civil Union □ Parties have been or are involved in an intimate relationship for	Telephone #'s: Home:				_ Cell: _		
□ Current co-habitants □ Former co-habitants □ Restrained Party is a parent of the child(ren). □ Partner in a Civil Union □ Former Partner in a Civil Union □ Parties have been or are involved in an intimate relationship for		een you and th	e Restrained Party:				
Partner in a Civil Union	Spouse	For	mer Spouse	□Bot	h parties a	are parents of	the child(ren).
Parties have been or are involved in an intimate relationship formonths. Other persons to be protected: (i.e. children) Full Name of Protected Party Sex Race Date of Birth Information about Party to be Restrained Full Name: Date of Birth: If you do not know the date of birth, enter approximate age: Physical description: Gender: Male Female Race: Height: Weight: Hair Color: Eye Color: Complete Home Address: Apt. #: City: State: Zip Code: Telephone #s: Home: Work: Cell:	Current co-habitants	For	mer co-habitants	Res	strained P	arty is a paren	t of the child(ren).
Other persons to be protected: (i.e. children) Full Name of Protected Party	Partner in a Civil Union	For	mer Partner in a Civil U	Jnion			
Information about Party to be Restrained Full Name: Date of Birth: If you do not know the date of birth, enter approximate age: Physical description: Gender: Male Female Race: Height: Weight: Hair Color: Eye Color: Complete Home Address: Apt. #: City: State: Zip Code: Telephone #'s: Home: Work: Cell: Check only if applicable. The restrained party goes by another name, please list all aliases below.				r	_ months.		
Full Name: Date of Birth: If you do not know the date of birth, enter approximate age: Physical description: Gender: Male Female Race: Height: Weight: Hair Color: Eye Color: Complete Home Address: Apt. #: City: State: Zip Code: Telephone #'s: Home: Work: Cell:	Full Name of Protect	ed Party			Sex	Race	Date of Birth
Full Name: Date of Birth: If you do not know the date of birth, enter approximate age: Physical description: Gender: Male Female Race: Height: Weight: Hair Color: Eye Color: Complete Home Address: Apt. #: City: State: Zip Code: Telephone #'s: Home: Work: Cell:		Info	ormation about I	Partv to b	e Resti	rained	
Physical description: Gender: Male Female Race: Height: Weight: Hair Color: Eye Color: Complete Home Address: Apt. #: City: State: Zip Code: Telephone #'s: Home: Work: Cell: Check only if applicable. The restrained party goes by another name, please list all aliases below.	Full Name:			•			
Height: Weight: Hair Color: Eye Color: Complete Home Address: Apt. #: City: State: Zip Code: Telephone #'s: Home: Work: Cell: Check only if applicable. The restrained party goes by another name, please list all aliases below.	If you do not know the date	of birth, enter a	oproximate age:				
Complete Home Address: Apt. #: City: State: Zip Code: Telephone #'s: Home: Work: Cell: Check only if applicable. The restrained party goes by another name, please list all aliases below.	Physical description:	Gender: $lacksquare$ Mal	e Female	Race:			
City: State: Zip Code: Telephone #'s: Home: Work: Cell: Check only if applicable. The restrained party goes by another name, please list all aliases below.	Height: Weig	nt:	Hair Color:		Eye Colo	r:	_
Telephone #'s: Home: Work: Cell: Cell:	Complete Home Address:					Apt. #:	
Check only if applicable. The restrained party goes by another name, please list all aliases below.	City:		State:		Zip C	ode:	
	Telephone #'s: Home:		Work:		_ Cell:		
Name: Name:	Check only if applicab	le. The restrain	ed party goes by ano	ther name, p	lease list	all aliases be	elow.
	Name:		Name:				
Date: Signature:	Date:		Signature:				