

**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)**

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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: \_\_\_\_\_

**Identify relationship between you and the Restrained Party:**

- Spouse  Former Spouse  Both parties are parents of the child(ren).  
 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 \_\_\_\_\_ months.

**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: \_\_\_\_\_

Check only if applicable. The restrained party goes by another name, please list all aliases below.

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_