

<b>RESPONDENT INFORMATION FORM AS PROVIDED BY PETITIONER</b> G.L. c. 123, § 35, G.L. c. 209A, G.L.c. 258E, and G.L. c. 131R, et. seq.	DOCKET NO. (for court use only)	<b>TRIAL COURT OF MASSACHUSETTS</b>
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This information is requested to help police identify and locate the Respondent in order to serve the Respondent with any summons or orders issued by the Court. Please provide as much information as possible.

RESPONDENT'S NAME (person against whom Order is sought)	OTHER NAMES USED BY RESPONDENT, IF ANY
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RESPONDENT'S DATE OF BIRTH	RESPONDENT'S PLACE OF BIRTH	RESPONDENT'S SOCIAL SECURITY NUMBER
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MOTHER'S MAIDEN NAME (FIRST, LAST)	FATHER'S NAME (FIRST, LAST)
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SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	RACE	ETHNICITY	GENDER IDENTIFICATION
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EYE COLOR	HAIR COLOR	HEIGHT	WEIGHT	BUILD
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PHOTO AVAILABLE (HELPFUL FOR ID) <input type="checkbox"/> YES <input type="checkbox"/> NO PLEASE ATTACH	OTHER PHYSICAL CHARACTERISTICS (beard, glasses, scars, tattoos, complexion, hairstyle)
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RESPONDENT'S HOME ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)	APT NO.	FLOOR NO.	NAME ON DOOR/MAILBOX
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RESPONDENT'S HOME PHONE NO.	RESPONDENT'S CELL PHONE NO.	DOES THE RESPONDENT UNDERSTAND ENGLISH? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF NOT, WHAT LANGUAGES?
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RESPONDENT'S EMPLOYER/WORKPLACE	TITLE	DEPARTMENT
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WORK ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)	WORK TELEPHONE NO.	WORK HOURS
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OTHER PLACES RESPONDENT MAY BE FOUND (friends, bars, relatives, hangouts)	BEST PLACE TO FIND RESPONDENT	BEST TIME TO FIND RESPONDENT
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MOTOR VEHICLE LICENSE PLATE	YEAR	MAKE	MODEL	COLOR
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**DOES THE RESPONDENT HAVE: (describe briefly)**

A history of violence toward police officers?       YES  NO \_\_\_\_\_

A history of using/abusing drugs or alcohol? If so, what kind?       YES  NO \_\_\_\_\_

Access to guns, a license to carry, or possess a gun? If so, what kind?       YES  NO \_\_\_\_\_

Psychiatric/emotional problems? If so, what kind?       YES  NO \_\_\_\_\_

Any other information which might be helpful in locating the Respondent:

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DATE SIGNED	PETITIONER'S NAME (printed)	PETITIONER'S SIGNATURE
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