

DEFENDANT INFORMATION FORM
AS PROVIDED BY PLAINTIFF
 G.L. c. 209A or G.L. c. 258E

DOCKET NO. (for court use only)

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
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OTHER NAMES USED BY DEFENDANT, IF ANY	PLACE OF BIRTH
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MOTHER'S MAIDEN NAME (FIRST & LAST)	FATHER'S NAME (FIRST & LAST)	SOCIAL SECURITY NO.
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SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	RACE	EYES	HAIR	HEIGHT	WEIGHT	PHOTO AVAILABLE? (very helpful for ID) <input type="checkbox"/> YES <input type="checkbox"/> NO
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BUILD	OTHER PHYSICAL CHARACTERISTICS (beard, glasses, scars, tattoos, complexion, hairstyle)
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DEFENDANT'S HOME ADDRESS (NO., STREET, CITY, STATE, ZIP)	DEFENDANT'S HOME TELEPHONE NO.
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APT NO.	FLOOR NO.	NAME ON DOOR/MAILBOX	DOES DEFENDANT UNDERSTAND ENGLISH? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NOT, WHAT LANGUAGES?
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DEFENDANT'S EMPLOYER/WORKPLACE	WORK TELEPHONE NO.
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WORK ADDRESS (NO., STREET, CITY, STATE, ZIP)	TITLE
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DEPARTMENT	WORK HOURS
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OTHER PLACES DEFENDANT MAY BE FOUND (friends, bars, relatives, hangouts)	BEST PLACE TO FIND DEFENDANT
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MOTOR VEHICLE LICENSE PLATE	YEAR	MAKE	MODEL	COLOR	BEST TIMES TO FIND DEFENDANT
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DOES DEFENDANT HAVE: (describe very briefly)

A history of violence toward police officers? NO YES

A history of using/abusing drugs or alcohol? NO YES What kind?

Access to guns, a license to carry, or possess a gun? NO YES What kind?

Psychiatric/emotional problems? NO YES What kind?

ANY OTHER INFORMATION WHICH MIGHT BE HELPFUL IN LOCATING THE DEFENDANT

DATE SIGNED	PRINT PLAINTIFF'S NAME	PLAINTIFF'S SIGNATURE X
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