

RESPONDENT INFORMATION FORM
AS PROVIDED BY PETITIONER
G.L. c. 123 § 35

DOCKET NO. (for court use only)

Trial Court of Massachusetts

This information is requested to help police identify and locate the Respondent in order to serve the Respondent with any summons or execute any warrant of apprehension pursuant to G.L. c. 123 § 35. Please provide as much information as possible.

RESPONDENT'S NAME		OTHER NAMES USED BY RESPONDENT, IF ANY					
RESPONDENT'S DATE OF BIRTH		RESPONDENT'S PLACE OF BIRTH			RESPONDENT'S SOCIAL SECURITY NUMBER		
MOTHER'S MAIDEN NAME (FIRST, LAST)			FATHER'S NAME (FIRST, LAST)				
SEX	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	RACE	EYE COLOR	HAIR COLOR	HEIGHT	WEIGHT	BUILD
PHOTO AVAILABLE (HELPFUL FOR ID) PLEASE ATTACH <input type="checkbox"/> YES <input type="checkbox"/> NO		OTHER PHYSICAL CHARACTERISTICS (beard, glasses, scars, tattoos, complexion, hairstyle)					
RESPONDENT'S HOME ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)				APT NO.	FLOOR NO.	NAME ON DOOR/MAILBOX	
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?			
RESPONDENT'S EMPLOYER/WORKPLACE				TITLE		DEPARTMENT	
WORK ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)				WORK TELEPHONE NO.		WORK HOURS	
OTHER PLACES RESPONDENT MAY BE FOUND (friends, bars, relatives, hangouts)				BEST PLACE TO FIND RESPONDENT		BEST TIME TO FIND RESPONDENT	
MOTOR VEHICLE LICENSE PLATE	YEAR	MAKE		MODEL		COLOR	
DOES THE RESPONDENT HAVE: (describe briefly)							
A history of violence toward police officers?		<input type="checkbox"/> YES <input type="checkbox"/> NO _____					
A history of using/abusing drugs or alcohol? If so, what kind?		<input type="checkbox"/> YES <input type="checkbox"/> NO _____					
Access to guns, a license to carry, or possess a gun? If so, what kind?		<input type="checkbox"/> YES <input type="checkbox"/> NO _____					
Psychiatric/emotional problems? If so, what kind?		<input type="checkbox"/> YES <input type="checkbox"/> NO _____					
Any other information which might be helpful in locating the Respondent: _____ _____ _____							
DATE SIGNED		PETITIONER'S NAME (printed)			PETITIONER'S SIGNATURE		