

THIS FORM IS CONFIDENTIAL AND IS NOT A PUBLIC RECORD.

AVONDALE CITY COURT

11325 W CIVIC CENTER DR

AVONDALE AZ 85323 623 333-5800

Case No. _____

Plaintiff's Information Sheet

Please **PRINT** all information on this form and on the petition *after* you have read the Plaintiff's Guide Sheet for Protective Orders.

Your name _____ **Your birth date** _____

Address _____ **Main phone number** _____ ***Cell** _____

City, State, ZIP _____ *May the court text you at this or another number?

Mailing address (if different) _____ Yes No Alternate number

_____ **Email** _____

CONFIDENTIAL ADDRESS. Your address and contact information are confidential. Indicate any other addresses that should be kept confidential. Do **not** include confidential addresses on the petition as a copy of it will be served on the defendant. Keep work address confidential. Keep school address confidential.

RELATIONSHIP*

Choose the **option** that best describes your relationship to the defendant. *If you are applying on behalf of another person, choose the relationship between the **other person** and the defendant.

- Married (past or present)
- Live/lived together as intimate partners
- Romantic or sexual relationship (past or present)
- Parent of a child in common
- One party is pregnant by the other
- Related as parent, grandparent, child, grandchild, brother, sister (including step or in-law)
- Live/lived together but not as intimate partners
- Dating (but not romantic or sexual)
- Other _____

Defendant's name _____ **Telephone** _____

Address _____ **Cell phone** _____

City, State, ZIP _____ **Email** _____

<p>DEFENDANT IDENTIFIERS Please provide all information to the best of your knowledge. <i>If you do not know the defendant's birth date, make your best guess.</i> If you have estimated the birth date, please check the "Estimated" box.</p>	Sex	Race	Birth date	Height	Weight	
	<i>required</i>			<input type="checkbox"/> Actual <input type="checkbox"/> Estimated		
	Eye color	Hair color	Social Security #			
	Driver license #: _____ State: _____ Expiration date: _____					