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## PROTECTIVE ORDER QUESTIONNAIRE

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**CLIENT:**                    MOVANT     /     RESPONDENT

NAME: \_\_\_\_\_ MAIDEN NAME: \_\_\_\_\_

HOME PHONE:     (    ) \_\_\_\_\_

WORK PHONE:     (    ) \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

WORK ADDRESS: \_\_\_\_\_

D.O.B.: \_\_\_\_\_ P.O.B.: \_\_\_\_\_ AGE: \_\_\_\_\_

SOC. SEC. NO.: \_\_\_\_\_ DRIVER'S LICENSE NO.: \_\_\_\_\_ STATE: \_\_\_\_\_

NEXT OF KIN:

NAME: \_\_\_\_\_ PHONE: (    ) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

EMAIL ADDRESS(ES): \_\_\_\_\_

**ADVERSE PARTY:**                    MOVANT     /     RESPONDENT

NAME: \_\_\_\_\_ MAIDEN NAME: \_\_\_\_\_

HOME PHONE:     (    ) \_\_\_\_\_

WORK PHONE:     (    ) \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

WORK ADDRESS: \_\_\_\_\_

D.O.B.: \_\_\_\_\_ P.O.B.: \_\_\_\_\_ AGE: \_\_\_\_\_

SOC. SEC. NO.: \_\_\_\_\_ DRIVER'S LICENSE NO.: \_\_\_\_\_ STATE: \_\_\_\_\_

NEXT OF KIN:

NAME: \_\_\_\_\_

PHONE: (    ) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

EMAIL ADDRESS(ES): \_\_\_\_\_

**CHILD(REN):**

**NO 1. - NAME:** \_\_\_\_\_

GENDER: FEMALE / MALE

**NO. 2 - NAME:** \_\_\_\_\_

GENDER: FEMALE / MALE

**NO. 3 - NAME:** \_\_\_\_\_

GENDER: FEMALE / MALE

**NO.4 - NAME:** \_\_\_\_\_

GENDER: FEMALE / MALE

**INCIDENTS:**

(If there are several incidents, please list each incident on a separate piece of paper, using the following format)

1.

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Location: \_\_\_\_\_

Parties Involved: \_\_\_\_\_

\_\_\_\_\_

Witness(es): \_\_\_\_\_

\_\_\_\_\_

Facts Regarding Incident: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SUPPORTING AFFIDAVIT BY CLIENT:** YES / NO

**SERVICE:** YES / NO

PLACE: WORK / HOME

SERVER: PRIVATE / SHERIFF

ADVERSE PARTY'S VEHICLE: \_\_\_\_\_

DESCRIPTION OF RESPONDENT TO BE SERVED:

Hair Color: \_\_\_\_\_ Eye Color \_\_\_\_\_ Glasses: Yes No

Facial Hair (describe): \_\_\_\_\_

Scars or other defining traits: \_\_\_\_\_

**SPECIAL PLEADINGS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ESTIMATED FEES:**

FILING FEES: \$ \_\_\_\_\_ ATTORNEY FEES: \$ \_\_\_\_\_

TOTAL RETAINER FEE: \$ \_\_\_\_\_

FEE ARRANGEMENT: \_\_\_\_\_

**(PLEASE UNDERSTANDS THAT CLIENTS ARE RESPONSIBLE FOR FEES INCURRED EVEN IF WE SEEK FEES FROM THE ADVERSE PARTY.)**

**FILE INFORMATION:**

SERVICE DATE: \_\_\_\_\_

DEFAULT DATE: \_\_\_\_\_

COURT DATE(S): \_\_\_\_\_