

- ORIGINAL  
 MODIFICATION

COMPLETE AND TAKE TO THE COURT WITH YOUR  
 REQUEST FOR TEMPORARY RESTRAINING ORDERS  
**LAW ENFORCEMENT INFORMATION FOR PROTECTIVE ORDERS**

This information will be entered into the Department of Justice's restraining order system to prevent the defendant (restrained person) from purchasing or attempting to purchase a firearm for as long as the order is in effect.

**PERSON PROTECTED BY A**  DOMESTIC VIOLENCE  CIVIL HARASSMENT  ELDER ABUSE or  
 JUVENILE RESTRAINING ORDER (THE DEFENDANT IS NOT ALLOWED TO SEE THIS FORM)  
**Print Only**

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<b>Last Name</b>	<b>First Name</b>	<b>Middle Name</b>	<b>Date of Birth</b>
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<b>Street Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>	<b>Race -Choose from below</b>
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**PERSON TO BE RESTRAINED**

<b>Last Name</b>	<b>First Name</b>	<b>Middle Name</b>
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**Other Names used or Nicknames**

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<b>SEX</b>	<b>RACE</b>
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<input type="checkbox"/> Male <input type="checkbox"/> Female <hr/>	<input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Japanese <input type="checkbox"/> Filipino <input type="checkbox"/> Guamanian <input type="checkbox"/> Laotian <input type="checkbox"/> Hawaiian <input type="checkbox"/> Samoan <input type="checkbox"/> Cambodian	<input type="checkbox"/> Black <input type="checkbox"/> Chinese <input type="checkbox"/> American Indian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other Asian <input type="checkbox"/> Vietnamese <input type="checkbox"/> Korean <input type="checkbox"/> Asian Indian
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**DATE OF BIRTH:**

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**HEIGHT**

<input type="checkbox"/> Feet <input type="checkbox"/> Inches <hr/>	
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**WEIGHT**

<input type="checkbox"/> Pounds <hr/>
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<b>EYE COLOR (Check one only)</b>	<b>HAIR COLOR (Check one only)</b>
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<input type="checkbox"/> Black <input type="checkbox"/> Hazel <input type="checkbox"/> Blue <input type="checkbox"/> Maroon <input type="checkbox"/> Brown <input type="checkbox"/> Pink <input type="checkbox"/> Gray <input type="checkbox"/> Multicolor <input type="checkbox"/> Green	<input type="checkbox"/> Black <input type="checkbox"/> Blond <input type="checkbox"/> Brown <input type="checkbox"/> Gray	<input type="checkbox"/> Red <input type="checkbox"/> Sandy <input type="checkbox"/> White <input type="checkbox"/> Bald
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**ADDRESS**

Street Address	City	State	Zip Code
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**Social Security Number** \_\_\_\_\_

**Driver's License Number** \_\_\_\_\_ **Driver's License State** \_\_\_\_\_

**Driver's License Year of Expiration** \_\_\_\_\_

**Sup Crt 182 (03/06)**