


DEFENDANT INFORMATION FORM AS PROVIDED BY PLAINTIFF G.L. c. 209A or G.L. c. 258E				DOCKET NO. <i>(for court use only)</i>		Massachusetts Trial Court 	
The below information is requested to help police to identify and locate the Defendant in order to serve the Defendant with a copy of any abuse prevention or harassment prevention Order that is issued. Please provide as much information as possible.							
DEFENDANT'S NAME						DATE OF BIRTH	
DEFENDANT'S CELLPHONE NO.				DEFENDANT'S EMAIL ADDRESS			
OTHER NAMES USED BY THE DEFENDANT, IF ANY						PLACE OF BIRTH	
MOTHER'S MAIDEN NAME (FIRST & LAST)			FATHER'S NAME (FIRST & LAST)			LAST FOUR SOCIAL SECURITY NO. XXX – XX –	
SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	RACE	EYES	HAIR	HEIGHT	WEIGHT	PHOTO AVAILABLE <i>(helpful for ID)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	
BUILD		OTHER PHYSICAL CHARACTERISTICS <i>(beard, glasses, scars, tattoos, complexion, hairstyle)</i>					
DEFENDANT'S HOME ADDRESS (NO., STREET, CITY, STATE, ZIP)						DEFENDANT'S HOME TELEPHONE NO.	
APT. NO.	FLOOR NO.	NAME ON DOOR/MAILBOX		DOES DEFENDANT UNDERSTAND ENGLISH? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NOT, WHAT LANGUAGE(S)?			
DEFENDANT'S EMPLOYER/WORKPLACE						WORK TELEPHONE NO.	
WORK ADDRESS (NO., STREET, CITY, STATE, ZIP)						TITLE	
DEPARTMENT						WORK HOURS	
MOTOR VEHICLE LICENSE PLATE			YEAR	MAKE	MODEL	COLOR	
DOES DEFENDANT HAVE: <i>(describe very briefly)</i>							
A history of violence toward police officers?				<input type="checkbox"/> NO <input type="checkbox"/> YES			
A history of using and/or abusing drugs and/or alcohol?				<input type="checkbox"/> NO <input type="checkbox"/> YES What kind?			
Access to or possess guns, ammunition, a license to carry, a FID card?				<input type="checkbox"/> NO <input type="checkbox"/> YES What kind?			
Mental health problems?				<input type="checkbox"/> NO <input type="checkbox"/> YES What kind?			
ANY OTHER INFORMATION WHICH MIGHT BE HELPFUL IN LOCATING THE DEFENDANT <i>(Include best place and/or time to find, temporary residence, friends' and/or relatives' houses, etc.)</i>							
DATE		PRINT PLAINTIFF'S NAME			PLAINTIFF'S SIGNATURE		