

DEFENDANT INFORMATION FORM AS PROVIDED BY PLAINTIFF G.L. c. 209A or G.L. c. 258E				DOCKET NO. (for court use only)		Massachusetts Trial Court	
The below information is needed to help police to identify and find the Defendant 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. If you do not know some information, please let court staff know so they can help you.							
DEFENDANT'S NAME (FIRST, MIDDLE, & LAST) (full legal/birth name)						DATE OF BIRTH	
OTHER NAMES USED BY THE DEFENDANT, IF ANY (aliases, nicknames, former names)						PLACE OF BIRTH (City, State, Country)	
<input type="checkbox"/> If this box is checked, the Defendant may ask for/need an interpreter (including sign language). Language:							
MOTHER'S NAME (FIRST & MAIDEN)			FATHER'S NAME (FIRST & LAST)			SOCIAL SECURITY NUMBER (last four) XXX – XX –	
DESCRIPTION OF DEFENDANT							
SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		GENDER IDENTITY		RACE		ETHNICITY	
PHOTO AVAILABLE (helpful for ID) <input type="checkbox"/> Yes <input type="checkbox"/> No							
BUILD (body type)		EYES (color)		HAIR (color)		HEIGHT	
WEIGHT							
OTHER PHYSICAL CHARACTERISTICS (glasses, scars, tattoos, complexion, hairstyle)						DEFENDANT'S MILITARY AFFILIATION <input type="checkbox"/> Active Duty <input type="checkbox"/> Guard/Reserves <input type="checkbox"/> Veteran <input type="checkbox"/> Family Member <input type="checkbox"/> None/Do Not Know	
CONTACT & LOCATION INFORMATION FOR DEFENDANT							
DEFENDANT'S CELLPHONE NUMBER						DEFENDANT'S EMAIL ADDRESS	
DEFENDANT'S RESIDENTIAL (HOME) ADDRESS (NUMBER, STREET, CITY, STATE, ZIP)							
<input type="checkbox"/> If this box is checked, the Defendant lives in an apartment. The apartment is on the _____ (first, tenth, etc.) floor and the name on the door/mailbox of the apartment is _____.							
DEFENDANT'S WORKPLACE/EMPLOYER (list the company/business and boss/supervisor)						WORK TELEPHONE NUMBER	
WORK ADDRESS (NUMBER, STREET, CITY, STATE, ZIP)						JOB TITLE	
DEPARTMENT						WORK HOURS	
VEHICLE LICENSE PLATE NUMBER		YEAR		MAKE		MODEL	
COLOR							
OTHER INFORMATION							
It is important that the police can keep everyone safe when serving any abuse prevention or harassment prevention Order that the Court issued.							
Does the Defendant have:							
A history of violence toward police officers?						<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Do Not Know	
Access to or possess guns, ammunition, a license to carry firearms, a firearms identification card?						<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Do Not Know	
A history of using and/or abusing drugs and/or alcohol?						<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Do Not Know	
Mental health concerns?						<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Do Not Know	
ANY OTHER INFORMATION WHICH MIGHT BE HELPFUL IN LOCATING THE DEFENDANT (Include best place and/or time to find, temporary residence, friends' and/or relatives' houses, etc. If you do not know specific details about the car the defendant drives, you can describe it here.)							
DATE		PRINT PLAINTIFF'S NAME				PLAINTIFF'S SIGNATURE	