


<b>DEFENDANT INFORMATION FORM</b> <b>AS PROVIDED BY PLAINTIFF</b> <b>G.L. c. 209A or G.L. c. 258E</b>				DOCKET NO. <i>(for court use only)</i>		<b>Massachusetts Trial Court</b>			
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) <i>(full legal/birth name)</i>							DATE OF BIRTH		
OTHER NAMES USED BY THE DEFENDANT, IF ANY <i>(aliases, nicknames, former names)</i>							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 <i>(last four)</i> XXX – XX –		
<b>DESCRIPTION OF DEFENDANT</b>									
SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		GENDER IDENTITY		RACE		ETHNICITY		PHOTO AVAILABLE <i>(helpful for ID)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	
BUILD <i>(body type)</i>			EYES <i>(color)</i>		HAIR <i>(color)</i>		HEIGHT		WEIGHT
OTHER PHYSICAL CHARACTERISTICS <i>(glasses, scars, tattoos, complexion, hairstyle)</i>							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		
<b>CONTACT &amp; LOCATION INFORMATION FOR DEFENDANT</b>									
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 _____ <i>(first, tenth, etc.)</i> floor and the name on the door/mailbox of the apartment is _____.									
DEFENDANT'S WORKPLACE/EMPLOYER <i>(list the company/business and boss/supervisor)</i>							WORK TELEPHONE NUMBER		
WORK ADDRESS (NUMBER, STREET, CITY, STATE, ZIP)							JOB TITLE		
DEPARTMENT							WORK HOURS		
VEHICLE LICENSE PLATE NUMBER			YEAR		MAKE		MODEL		COLOR
<b>OTHER INFORMATION</b>									
It is important that the police can keep everyone safe when serving any abuse prevention or harassment prevention Order that the Court issued.									
<b>Does the Defendant have:</b> A history of violence toward police officers? <span style="float: right;"><input type="checkbox"/> No    <input type="checkbox"/> Yes    <input type="checkbox"/> Do Not Know</span> Access to or possess guns, ammunition, a license to carry firearms, a firearms identification card? <span style="float: right;"><input type="checkbox"/> No    <input type="checkbox"/> Yes    <input type="checkbox"/> Do Not Know</span> A history of using and/or abusing drugs and/or alcohol? <span style="float: right;"><input type="checkbox"/> No    <input type="checkbox"/> Yes    <input type="checkbox"/> Do Not Know</span> Mental health concerns? <span style="float: right;"><input type="checkbox"/> No    <input type="checkbox"/> Yes    <input type="checkbox"/> Do Not Know</span>									
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. If you do not know specific details about the car the defendant drives, you can describe it here.)</i>									
DATE		PRINT PLAINTIFF'S NAME				PLAINTIFF'S SIGNATURE			