## DEFENDANT INFORMATION FORM AS PROVIDED BY PLAINTIFF

DOCKET NO. (for court use only)

ourt		
ourt	A. S. C.	

AS PROVIDED BY PLAINTIFF							Massachusetts	Trial Court 🤎		
G.L. c. 209A or G.L. c. 258E  The below information is requested to help police to identify and										
		ested to help police rention Order that is						a copy of any abuse		
DEFENDANT'S		ontion order that it	7100000. 1 100	oo providi	o do maon	mormation ao	DATE OF BIRTH			
DEFENDANT'S CELLPHONE NO.					DEFENDANT'S EMAIL ADDRESS					
DEFENDANTS EMAIL A							15511266			
OTHER MANES HOER BY THE REFENDANT IF ANY							DI AGE GERIPTII			
OTHER NAMES USED BY THE DEFENDANT, IF ANY							PLACE OF BIRTH			
MOTHER'S MAIDEN NAME (FIRST & LAST) FATHER'S I				NAME (FIRST & LAST)			LAST FOUR SOCIAL SECURITY NO.			
							XXX – XX –			
SEX	RACE	EYES	HAIR	HEIC	GHT	WEIGHT	PHOTO AVAILABLE (helpful for ID)			
□ MALE □ FEMALE							☐ Yes ☐ No			
BUILD		OTHER PHY	L SICAL CHAR <i>I</i>	L ACTERIS	TICS (bea	l rd. alasses. sca		hairstvle)		
BUILD OTHER PHYSICAL CHARACTERISTICS (beard, glasses, scars, tattoos, complexion, hairstyle)										
DEEENDANT'S	HOME ADDR	 ESS (NO., STREE	T CITV STAT	E 7ID)			DEEENDANT'S HO	ME TELEPHONE NO.		
DEFENDANTS	HOWE ADDR	E33 (NO., 31NEE	i, oii i, siai	C, ZIF)			DEFENDANT STIC	WIE TELEFTIONE NO.		
APT. NO.	FLOOR NO.	NAME ON DO	OR/MAIL BOY	х Гг	OOES DEE	ENDANT LIND	 ERSTAND ENGLISH?	П VES П NO		
711 1110.	APT. NO. FLOOR NO. NAME ON DOOR/MAILBOX DOES DEFENDANT UND IF NOT, WHAT LANGUAGE							- 120 - NO		
DEFENDANT'S	I FMPLOYERA	<u> </u>					WORK TELEPHON	IF NO.		
WORK ADDRE	CC /NO CTD	TET CITY STATE	ZID)				777.5			
WORK ADDRESS (NO., STREET, CITY, STATE, ZIP)							IIILE	TITLE		
DEPARTMENT							WORK HOURS			
DEI AITTIVIENT							WORKTIOOTIS			
MOTORNELIIO			1,4545		1	_	Lucas	100100		
MOTOR VEHICLE LICENSE PLATE		YEAR		MAKE	=	MODEL	COLOR			
DOES DEFEND	DANT HAVE: (	describe very brief	y)							
A history of viole	ence toward po	lice officers?			□ NO	□ YES				
A history of using and/or physical dwgs and/or placks!										
A history of using and/or abusing drugs and/or alcohol?   NO  YES ÁWhat kind?										
Access to or po	ssess guns, an	nmunition, a license	e to carry, a FII	D card?	□ NO	☐ YES∰Y hat	kind?			
Mental health problems? □ NO □ YES∰What kind?										
····o····a·····p										
			HELFPUL IN	LOCATIN	NG THE DI	EFENDANT (Inc	clude best place and/or	time to find, temporary		
residence, friends' and/or relatives' houses, etc.)										
DATE	DATE PRINT PLAINTIFF'S NAME						PLAINTIFF'S SIGNATURE			
THIN I LAINTII I STANIIL							. JOIGHT TOTIL			