COMPLAINT FOR PROTECTION FROM HARASSMENT INTAKE FORM

DOCKET NO.

(MUST BE COMPLETED FOR PLAINTIFF AND/OR DEFENDANT WHO ARE/IS UNDER 18 YEARS OF AGE)

PLAINTIFF			DEFENDANT			
PLAINTIFF'S NAME			DEFENDANT'S NAME			
					<u> </u>	
Is Plaintiff Under 17 Years of age?	Date of Birth		Is Defendant Und of age?	der 17 Years	Date of Birth	
☐ Yes ☐ No	Month	Day Year	□Yes	□ No	Month	Day Year
Parent Information (Complete if Plaintiff is under 17 years of age)			Parent Information (Complete if Defendant is under 17 years of age)			
Mother/Parent/Guardian			Mother/Parent/Guardian			
(First Name) (M.	1.)	(Last Name)	(First Name)	(M.I	l.)	(Last Name)
(Street)		(Apt.)	(Street)			(Apt.)
(City)	State)	(Zip Code)	(City)	(5	State)	(Zip Code)
(Area Code and Telephone No.)			(Area Code and	Telephone No.)		
2. Father/Parent/Guardian			2. Father/Parent/Guardian			
(First Name) (M.	.l.)	(Last Name)	(First Name)	(M.I	l.)	(Last Name)
(Street)		(Apt.)	(Street)			(Apt.)
(City)	State)	(Zip Code)	(City)	(5	State)	(Zip Code)
(Area Code and Telephone No.)			(Area Code and	Telephone No.)		
Do not include parent(s)' addi keep address confidential fro						
FOR COURT USE ONLY						