

RELEVANT DATA: EXTREME RISK PROTECTION ORDER

RESPONDENT: (Name) _____ Female Male

Residence Address _____

Phone Number _____ SID Number _____

Date of Birth _____ Race/Ethnicity _____ Height _____

Eye Color _____ Hair Color _____ Weight _____

Driver's License Number _____ Other Identifying Information _____

Employer's Name _____ Phone Number _____

Employer's Address _____



**PLEASE FILL OUT THIS INFORMATION
TO HELP WITH SERVICE OF THE EXTREME RISK PROTECTION ORDER**

Where is Respondent most likely to be found?

- Residence Hours _____ *Address above*
- Employment Hours _____ *Address above*
- Other: Hours _____ *Address* _____

Description of Vehicle _____