

Mecklenburg County Sheriff's Office
Domestic Violence Questionnaire
Please Print All Information

Must have D.O.B and Social Security

Defendant Name : _____ **Date Of Birth:** ___ - ___ - ___
(person to be served) **SS:** _____ - _____ - _____

DL: _____
Race: ___ **Sex:** ___ **Height** _____ **Weight:** ___ **Eye Color:** ___ **Hair:** _____
Scars Or Tattoos: _____ **Facial Hair:** _____ **Goatee:** _____

Addresses For Defendant:

Home: _____ **Phone #** _____
Parents: _____ **Phone #** _____
Brother/Sister: _____ **Phone #** _____
Friend: _____ **Phone #** _____

Defendant's Work:

Company _____ **Address** _____
Phone # _____ **Extension** _____ **Hours** _____ **Days** _____

Defendant's Vehicle: Make _____ Model _____ Color _____ Year _____
(Work Vehicle): Make _____ Model _____ Color _____ Year _____

Does the defendant abuse **Drugs** or **Alcohol**? ___ **Violent** or **Combative**? ___
Does the defendant carry **weapons**? ___ If so, Does the defendant have a permit? ___
Has the Defendant been **arrested**? ___ Have you had defendant arrested before? ___

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Plaintiff: _____ **Race:** ___ **Sex:** ___ **Date Of Birth:** ___ - ___ - ___

(Person seeking restraining order)

SS: _____ - _____ - _____
DL: _____

Plaintiff Contact Phone Numbers:

Home: _____ **Friends:** _____
Parents: _____ **Work:** _____
Pager: _____ **Other:** _____

What are your Work Hours? _____

Do you have your children with you?(If awarded) _____

Do you have your vehicle?(if awarded) _____