

# INFORMATION SHEET

\*\*\*\*\* ASTERISKED AREAS ARE REQUIRED \*\*\*\*\*

<b>*COURT ORI No:</b> NY0 <u>5 4 0 2 3 J</u>	<b>**COURT:</b> <u>TOMPKINS FAMILY</u>
<b>*ORDER NO:</b> <u>2001_ A 0 0</u>	<b>**COUNTY:</b> <u>TOMPKINS</u>
<b>*DOCKET/INDEX NO:</b> _____	<b>**DATE OF ISSUANCE:</b> _____
	<b>**EXPIRATION DATE:</b> _____

*Law Enforcement Agency at which Copy of Order is Filed:*

**\*\*NAME:** TOMPKINS COUNTY SHERIFF      **\*\*POLICE ORI:** NY 0 5 4 0 0 0 0

<b>*ACTION TO BE TAKEN:</b> <input type="checkbox"/> New Order <input type="checkbox"/> Order Modified/Finalized <input type="checkbox"/> Corrected Information (Circle ALL corrected information on ALL documents)	<b>**SERVICE OF ORDER:</b> <input type="checkbox"/> Police to Serve Order <input type="checkbox"/> Other <input type="checkbox"/> Order served in Court (Date: _____) <input type="checkbox"/> Notification by Mail (Mail date: _____) <input type="checkbox"/> Order Previously Served (Date: _____) (no new service to be done)
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APPLYING PARTY (Party Requesting Order)			
<b>**NAME: (FIRST)</b> _____	(MI)	<b>(LAST)</b> _____	
Alias or Nickname: (First) _____		(Last) _____	
<b>**ADDRESS: (STREET)</b> _____		(STATE)	<b>**ADDR. CONFIDENTIAL?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
(CITY)	(COUNTY)		<b>**PROTECTED PARTY?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
(ZIP)			
Phone (home): ( ) _____		Phone (work): ( ) _____	
<b>**DATE OF BIRTH:</b> _____	<b>**SEX:</b> <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	Social Security Number: _____	
<b>**RACE:</b> <input type="checkbox"/> WHITE <input type="checkbox"/> BLACK <input type="checkbox"/> NATIVE AMERICAN <input type="checkbox"/> ASIAN/PACIFIC ISLANDER <input type="checkbox"/> UNKNOWN	Height: _____	Eye Color: _____	
<b>**ETHNICITY (select one):</b> <input type="checkbox"/> HISPANIC <input type="checkbox"/> NON-HISPANIC	Weight: _____	Hair Color: _____	

ENJOINED PARTY (Party Against Whom Order Runs)			
<b>**NAME: (FIRST)</b> _____	(MI)	<b>(LAST)</b> _____	NYSID: _____
Alias or Nickname: (First) _____		(Last) _____	
<b>**ADDRESS: (STREET)</b> _____		(STATE)	<b>**ADDR. CONFIDENTIAL?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
(CITY)	(COUNTY)		
(ZIP)			
Employers Name: _____			
Employers Address: _____			Hours of Employment: _____
Phone (home): ( ) _____		Phone (work): ( ) _____	
<b>**DATE OF BIRTH:</b> _____	<b>**SEX:</b> <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	Social Security Number: _____	
<b>**RACE:</b> <input type="checkbox"/> WHITE <input type="checkbox"/> BLACK <input type="checkbox"/> NATIVE AMERICAN <input type="checkbox"/> ASIAN/PACIFIC ISLANDER <input type="checkbox"/> UNKNOWN	Height: _____	Eye Color: _____	
<b>**ETHNICITY (select one):</b> <input type="checkbox"/> HISPANIC <input type="checkbox"/> NON-HISPANIC	Weight: _____	Hair Color: _____	
License Plate Number: _____ State: _____			
Drivers ID: _____ State: _____		Mother's Maiden Name: _____	
Is Police Caution Advised? If yes, why: _____			