

PENNSYLVANIA STATE POLICE
PROTECTION FROM ABUSE DATA SHEET

Incident Number: (State Police Use Only)
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UPDATE VACATED CANCELLED

ORI:	Defendant's Name:(Last, First Middle)				Sex:	Race:	Date of Birth:
Order Expiration Date:	Protection Order Conditions:	Brady Record Indicator:	Date Order Issued:	Court Originating Routing Indicator:			
Protection Order Number:				Originating Agency Case Number: (State Police Use Only)			
Defendant's FBI Number:		Defendant's Miscellaneous Number:		Defendant's Social Security Number:			
Defendant's Operator's License Number:		Operator's License State:		Operator's License Year:			
Defendant's Vehicle Registration Number:		Vehicle Registration State:	Vehicle Registration Year:	Vehicle Registration Type:			
Vehicle Identification Number:		Vehicle Year:	Vehicle Make:	Vehicle Model:	Vehicle Style:	Vehicle Color:	
Defendant's Address:				City:	State:	Zip Code:	
Miscellaneous Information:							
Defendant's Place of Birth:	Defendant's Skin Tone:	Defendant's Height:	Defendant's Weight:	Defendant's Eye Color:	Defendant's Hair Color:	Def. Finger-print Class:	
Defendant's Scars, Marks, Tattoos:				Notifying Originating Agency:			
Protected Person's Name: (Last, First Middle:)		Protected Person's Sex:	Protected Person's Race:	Protected Person's Date of Birth:	Protected Person's Telephone Number:		
Protected Person's Address:			Protected Person's City:	Protected Person's State:	Protected Person's Zip Code:		
Plaintiff's Name: (Last, First Middle:)		Plaintiff's Sex:	Plaintiff's Race:		Plaintiff's Date of Birth:		
Plaintiff's Address:			Plaintiff's City:	Plaintiff's State:	Plaintiff's Zip Code:		

R-1F-1.1

(Rev. 4/01)

PENNSYLVANIA STATE POLICE
 PROTECTION FROM ABUSE DATA SHEET - SUPPLEMENTAL

ORI:	Defendant's Name:(Last, First Middle)		Originating Agency Case Number: (State Police Use Only)		
NIC:	CID:		Protection Order Number:		
AKA:	AKA:	AKA:	AKA:	AKA:	
Date of Birth:	Date of Birth:	Date of Birth:	Date of Birth:	Date of Birth:	
Scars, Marks, Tattoos:	Scars, Marks, Tattoos:	Scars, Marks, Tattoos:	Scars, Marks, Tattoos:	Scars, Marks, Tattoos:	
Social Security Number:	Social Security Number:	Social Security Number:	Social Security Number:	Social Security Number:	
Protected Person's Name: (Last, First Middle:)		Protected Person's Sex:	Protected Person's Race:	Protected Person's Date of Birth:	Protected Person's Telephone Number:
Protected Person's Address:			Protected Person's City:	Protected Person's State:	Protected Person's Zip Code:
Protected Person's Name: (Last, First Middle:)		Protected Person's Sex:	Protected Person's Race:	Protected Person's Date of Birth:	Protected Person's Telephone Number:
Protected Person's Address:			Protected Person's City:	Protected Person's State:	Protected Person's Zip Code:
Protected Person's Name: (Last, First Middle:)		Protected Person's Sex:	Protected Person's Race:	Protected Person's Date of Birth:	Protected Person's Telephone Number:
Protected Person's Address:			Protected Person's City:	Protected Person's State:	Protected Person's Zip Code:
Protected Person's Name: (Last, First Middle:)		Protected Person's Sex:	Protected Person's Race:	Protected Person's Date of Birth:	Protected Person's Telephone Number:
Protected Person's Address:			Protected Person's City:	Protected Person's State:	Protected Person's Zip Code:
Protected Person's Name: (Last, First Middle:)		Protected Person's Sex:	Protected Person's Race:	Protected Person's Date of Birth:	Protected Person's Telephone Number:
Protected Person's Address:			Protected Person's City:	Protected Person's State:	Protected Person's Zip Code:
Protected Person's Name: (Last, First Middle:)		Protected Person's Sex:	Protected Person's Race:	Protected Person's Date of Birth:	Protected Person's Telephone Number:
Protected Person's Address:			Protected Person's City:	Protected Person's State:	Protected Person's Zip Code:
Protected Person's Name: (Last, First Middle:)		Protected Person's Sex:	Protected Person's Race:	Protected Person's Date of Birth:	Protected Person's Telephone Number:
Protected Person's Address:			Protected Person's City:	Protected Person's State:	Protected Person's Zip Code:

R-1F-1.2

(Rev. 4/01)