

**COURT OF COMMON PLEAS, LAWRENCE COUNTY, OHIO
CIVIL PROTECTION ORDER VITAL STATISTICS SHEET**

***THIS FORM IS CONFIDENTIAL AND SHALL NOT BE MADE AVAILABLE
TO THE RESPONDENT OR TO THE PUBLIC***

Instructions:

- Complete this form for all parties known at the time of filing.
- If additional space is needed, complete additional Case Filing Information Sheets
- Please print legibly

Date of filing: _____

Style of case: _____
Petitioner's Name v. Respondent's Name

PETITIONER:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of birth: ____/____/____ Gender: ☐ Male ☐ Female Race/Ethnicity _____

Phone: _____ Attorney (if applicable) _____

RESPONDENT:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of birth: ____/____/____ Gender: ☐ Male ☐ Female Phone: _____

Race: _____ Height: _____ Weight: _____

Eye color: _____ Hair color: _____

Distinguishing features: _____

Respondent employer: _____

Employer address: _____

City: _____ State: _____ Zip: _____

COMPLETE THIS SECTION FOR ANY CHILD SUBJECT TO THIS CASE VIA REQUEST FOR CUSTODY AND/OR TO BE INCLUDED AS A PROTECTED PARTY (REQUIRED).

NAME	DOB	GENDER	RACE

Submitted by: _____

Attorney signature (if applicable): _____