## File No. STATE OF NORTH CAROLINA In The General Court Of Justice County District Court Division Name Of Defendant **IDENTIFYING INFORMATION** Street Address Of Defendant (Not P.O. Box) **ABOUT DEFENDANT** DOMESTIC VIOLENCE ACTION City State Zip G.S. 50B-3(d) INSTRUCTIONS: In order to assist law enforcement agencies in serving and enforcing this Order, if issued by the Court, the following information is requested. It is not required for the issuance of this Order, but may allow law enforcement agencies to locate and more quickly identify the persons involved in this case and to enforce the provisions of this Order more effectively. Answer these questions accurately and honestly. If you do not know the answer to any of the following questions, leave the question blank. INFORMATION ABOUT DEFENDANT Date Of Birth Asian/Pacific Islander Other Race: White ☐ Black ☐ Indian Sex: □ Male ☐ Female Weight Height Hair Color Eve Color Identifying Marks (List any marks, scars, tattoos) $\prod_{Yes}$ l I<sub>No</sub> Does the defendant have a driver's license or state-issued identification card from any state? If yes, provide the state and number if possible: State: Number: Vehicle description and license plate number: Social Security No. Of Defendant Telephone No. Of Defendant The defendant's current work information: Employer's Business Name Business Address Business Telephone No. Defendant's Work Hours (List Work Start Time And Work Stop Time) Does the defendant have a permit to purchase a handgun or crossbow? ⅂ϒes No If yes, state which law enforcement agency issued the permit, if known: Does the defendant have a permit to carry a concealed handgun? Yes: If yes, state which law enforcement agency issued the permit, if known: Is there any reason that a law enforcement officer should consider the defendant a potential threat (i.e., carries concealed Yes No weapons while drinking alcohol, has threatened an officer, etc.)? If yes, specify the circumstances: **PLAINTIFF** Date Of Birth Indian Asian/Pacific Islander Other Race: White ☐ Black Sex: Male Female Name Of Plaintiff (Type Or Print) Signature Of Plaintifi Date

**NOTE TO CLERK OR MAGISTRATE:** If an order is issued, a copy of this form should be attached to the appropriate order and forwarded to the sheriff of the issuing court county.

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