

Case Name \_\_\_\_\_ v. \_\_\_\_\_

Case Number: \_\_\_\_\_

### Extreme Risk Protection Order Information Sheet

**Complete this form and attach it to the Petition and Affidavit for Temporary Extreme Risk Protection Order or Petition and Affidavit for Extreme Risk Protection Order.**

**Complete and accurate information is critical for the enforcement of an Extreme Risk Protection Order.**

**If this form is incomplete, information may not be posted with the Colorado Bureau of Investigation (CBI) for Law Enforcement officials to access and your Extreme Risk Protection order may not be properly enforced.**

### Information about You

I request that I be permitted to omit my address because I fear that including my address will risk harm to me or any member of my family or household. (Provide alternate address at which the Respondent and Court may serve notice of any motions)

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Complete Home/Alternate Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone #'s: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

### Information about Party to be Respondent

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Law enforcement agency where the respondent resides \_\_\_\_\_

If you do not know the date of birth, enter approximate age: \_\_\_\_\_

Physical description: Gender:  Male  Female Race: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Complete Home Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone #'s: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Check only if applicable. The respondent party goes by another name, please list all aliases below.

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_