For Clerk’s Use Only

[ ] I am the victim representative

[ ] I am the victim

**SUPERIOR COURT OF ARIZONA**

**IN**   **COUNTY**

|  |  |  |
| --- | --- | --- |
| Plaintiff    Defendant |  | Case Number:  **VICTIM INFORMATION SHEET FOR LIFETIME NO-CONTACT INJUNCTION**  (A.R.S. § 13-719) |

1. **VICTIM INFORMATION**

Name:

Date of birth:

Minor victim: [ ] Yes [ ] No

1. **CONTACT INFORMATION**

Who should the Order be mailed to? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Where should the Order be sent? (Check one or both boxes)

[ ] Email to:

[ ] Mail to:

Telephone:

[ ] Keep this information restricted from the defendant.

1. **VICTIM REPRESENTATIVE INFORMATION (if applicable)**

Name:

Telephone:

Address:

Relationship to Victim:

Title and Agency (if applicable):

Date Signature

Printed Name