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