

Loudoun County Juvenile & Domestic Relations Court
Leesburg, Virginia

JUVENILE PROTECTIVE ORDER INTAKE FORM

DATE:

COMPANION/FRIEND OF PETITIONER

Last Name: First Name: Date of Birth:
Relationship to Petitioner:

PETITIONER INFORMATION

Last Name: First Name: Middle Name:
Social Security Number: Date of Birth: Race:
Address:
City: State: Zip:
Home Telephone Number: Primary Language:
Employer Name:
Employer Address:
City: State: Zip:
Employer Phone Number:

RESPONDENT INFORMATION

Last Name: First Name: Middle Name:
Social Security Number: Date of Birth: Race:
Height: Weight: Eye Color: Hair Color:
Address:
City: State: Zip:
Home Telephone Number: Primary Language:
Employer Name:
Employer Address:
City: State: Zip:
Employer Phone Number:

PROTECTIVE ORDER INFORMATION

- 1. What is your relationship to the respondent?
- 2. Do you and the respondent live together? (yes/no)
- 3. Are there any family or household members you would like to include as protected persons on your protective order (these individuals must reside with you)? (yes/no)
 - a. If yes, provide the individuals' name(s) below:

Last Name	First Name	Middle Name	Sex	DOB	SSN

- 4. Do you want the Respondent to be able to have any contact with you during the term of the Preliminary Protective Order (this can be up to 15 days)? (yes/no)
 - a. If yes, please circle the type(s): Phone Text Email Face-to-Face Third Party

Remember: No Contact means No Contact of Any Kind