

STATE OF NORTH CAROLINA

File No. In The General Court Of Justice
District Court Division County**IDENTIFYING INFORMATION
ABOUT DEFENDANT
DOMESTIC VIOLENCE ACTION**

G.S. 50B-3(d)

Name Of Defendant		
Street Address Of Defendant (Not P.O. Box)		
City	State	Zip

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	Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Indian <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Other	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Height	Weight	Hair Color	Eye Color
Identifying Marks (List any marks, scars, tattoos)			

Does the defendant have a driver's license or state-issued identification card from any state? Yes NoIf 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? Yes NoIf yes, state which law enforcement agency issued the permit, if known: Does the defendant have a permit to carry a concealed handgun? Yes: NoIf 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 weapons while drinking alcohol, has threatened an officer, etc.*)? Yes NoIf yes, specify the circumstances:

PLAINTIFF

Date Of Birth	Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Indian <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Other	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Date	Name Of Plaintiff (Type Or Print)	Signature Of Plaintiff

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.*

AOC-CV-312, Rev. 6/2000

©2000 Administrative Office of the Courts

Original-Court File Copy-Sheriff