

SECTION V: LICENSE/VEHICLE INFORMATION

Does Respondent have a valid Driver's License? ☐ Yes ☐ No State _____

VEHICLE #1:

Make N/A Model _____
Year _____ Color _____ Tag No. _____ State _____

VEHICLE #2:

Make _____ Model _____
Year _____ Color _____ Tag No. _____ State _____

SECTION VI: LETHALITY ASSESSMENT

Does Respondent have any weapons? ☐ Yes ☒ No ☐ Unknown
If yes, type of weapon _____

Does Respondent have a drug problem? ☒ Yes ☐ No ☐ Unknown

Does Respondent have an alcohol problem? ☒ Yes ☐ No ☐ Unknown

Does Respondent have children in his/her care? ☐ Yes ☒ No ☐ Unknown
If yes, how many? _____

Is the Respondent wanted by Police? ☐ Yes ☒ No ☐ Unknown
If yes, for what? _____

Does Respondent have a criminal record? ☒ Yes ☐ No ☐ Unknown
If yes, for what? domestic violence, drug

Is the Respondent expecting this Order? ☐ Yes ☐ No ☒ Unknown
abuse

PLEASE ATTACH A PHOTOGRAPH OF RESPONDENT IF YOU HAVE ONE

**ATTENTION LAW ENFORCEMENT OFFICIAL-PLEASE DO NOT GIVE
THIS INFORMATION TO RESPONDENT**

Alexandria Marie Dzimitowicz

Petitioner's Name _____
Date of Birth 01/31/1994 Race White Sex: Male ☐ Female ☒

Address (Only if NOT Confidential) 4 West Las Olas Blvd, Apt 308
City Fort Lauderdale State FL Zip 33301
Telephone Number where Petitioner may be contacted: 708-214-5109

Other ways Petitioner may be contacted:

OTHER PROTECTED PERSONS' NAMES & ADDRESSES (If different from
Petitioner's and NOT Confidential)

Name _____
Date of Birth _____ Race _____ Sex _____

Address _____
City _____ State _____ Zip _____

Name _____
Date of Birth _____ Race _____ Sex _____

Address _____
City _____ State _____ Zip _____

Name _____
Date of Birth _____ Race _____ Sex _____

Address _____
City _____ State _____ Zip _____