



**DELAWARE TOWNSHIP POLICE DEPARTMENT**

P.O. BOX 101  
SERGEANTSVILLE, NEW JERSEY 08557  
609-397-8189  
609-397-8699 FAX

*BRUCE W. MAST*  
CHIEF OF POLICE

**DOMESTIC VIOLENCE INFORMATION SHEET**

Applicant is to complete this form leaving NO space blank. PRINT LEGIBLY, sign and date

TO: TIFFANY KUTSOP-JOHNSTEN  
HUNTERDON FAMILY DIVISION  
65 PARK AVENUE  
FLEMINGTON, NJ 08822

FROM: DELAWARE TOWNSHIP POLICE DEPARTMENT  
ATTN: DEANNA HIGGINS  
P.O. BOX 101  
SERGEANTSVILLE, NJ 08557

APPLICANT: \_\_\_\_\_  
(LAST NAME) (FIRST) (MIDDLE)

MAIDEN NAME: \_\_\_\_\_

FULL ADDRESS: \_\_\_\_\_  
(NUMBER, STREET, APT. NO., ETC.)  
\_\_\_\_\_  
(CITY/TOWN) (STATE) (ZIP CODE)

DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

\_\_\_\_\_  
APPLICANT SIGNATURE DATE

**"DO NOT" WRITE BELOW THIS LINE**  
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**FOR FAMILY DIVISION ONLY**

RECORD FOUND: [ ] YES (SEE ATTACHED)  
[ ] NO

AUTHORIZED SIGNATURE: \_\_\_\_\_