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**

FOR FAMILY DIVISION ONLY

RECORD FOUND: [ ] YES (SEE ATTACHED)

[ ] NO

AUTHORIZED SIGNATURE: _____