

Commonwealth of Puerto Rico
GENERAL COURT OF JUSTICE
Court of First Instance

Superior Municipal Court of _____

_____ Petitioner v. _____ Respondent
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Case No. _____

Re: Protection Order

Law No. 57 of 2023, Abuse Prevention,
Family Preservation, and Child Safety,
Well-being, and Protection Act

CONFIDENTIAL: The information provided in this document shall not be disclosed unless compelled by order of a judge of this Court.

PETITIONER'S PERSONAL INFORMATION FORM

I. PETITIONER'S INFORMATION

First and Last Names: _____

Nickname: _____ Age: _____

Sex: Male Identifies as: _____
 Female I don't know.
 Intersex I rather not answer.

Driver's License No.: _____ At a shelter: No Yes

Which of the following describes you? (Check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Black or of African Descent | <input type="checkbox"/> I identify as: _____ |
| <input type="checkbox"/> White | <input type="checkbox"/> I don't know. |
| <input type="checkbox"/> Indigenous Peoples | <input type="checkbox"/> I rather not answer. |
| <input type="checkbox"/> Asian | |

Which of the following describes you? (Check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Puerto Rican | <input type="checkbox"/> Asian |
| <input type="checkbox"/> American (USA) | <input type="checkbox"/> European |
| <input type="checkbox"/> Dominican | <input type="checkbox"/> I identify as: _____ |
| <input type="checkbox"/> Colombian | <input type="checkbox"/> I don't know. |
| <input type="checkbox"/> Mexican | <input type="checkbox"/> I rather not answer. |
| <input type="checkbox"/> Cuban | |

Petitioner's mailing address: _____

Address for receiving court notices: _____

Physical address: _____

Email: _____

Phone numbers: () - () -

Workplace: _____ Phone: () -

Supervisor's name: _____

Workplace address: _____

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II. INFORMATION OF RELATIVE OR CONTACT PERSON

First and Last Names: _____ Relation: _____

Mailing address: _____

Physical address: _____

Email: _____

Phone numbers: () - _____ () - _____

Workplace: _____ Phone: () - _____

In _____, Puerto Rico, this _____ day of _____ .
(day) (month) (year)

Name of Petitioner or Representative

Signature of Petitioner or Representative