Commonwealth of Puerto Rico
GENERAL COURT OF JUSTICE
Court of First Instance
☐ Superior ☐ Municipal Court of _____

_____
Petitioner
(person or persons for whom the protection order is sought)
v.

_____
Respondent
(opposing party)

Case No. _____

Re: _____

CONFIDENTIAL PERSONAL INFORMATION FORM
PROTECTION ORDER

Privacy Notice: The information provided in this document will not be disclosed to third parties without a court order or authorization of the petitioner. The information provided may be used as a reference or for statistical purposes.

Instructions: If you are requesting a protection order for more than one person, please fill out this form for each.

I. Information of the Person for Whom the Protection Order is Sought
(Not applicable to employer protection orders)

First and Last Names: _____

Email: _____ Mobile phone: _____

Home phone or other number where the person may be reached: _____

Physical Address: _____

Is the physical address the same as the mailing address?
☐ Yes ☐ No (please provide mailing address): _____

Other address where the person may be summoned: ☐ workplace ☐ relative's home ☐ shelter ☐ institution ☐ specialized care facility ☐ other: _____

Do you wish to receive court notices via text messages to the mobile phone number provided?
☐ Yes ☐ No (data or text charges may apply through your wireless service provider)

II. Demographic Variables of the Person for Whom the Protection Order is Sought
(Not applicable to employer protection orders)

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

Age: _____ Date of Birth (day/ month/year): _____ If ☐ underage or ☐ legally incapacitated, provide the name of the ☐ mother ☐ father or ☐ legal guardian:

_____ .

Email: _____ Mobile phone: _____

Physical Address: _____

Mailing Address: _____

Which of the following terms describes the person? (check all that may apply):
☐ Black or of African Descent ☐ White ☐ Indigenous Peoples ☐ Asian
☐ Identifies as: _____ ☐ I don't know ☐ I rather not answer

With which of the following does the person identify? (check all that may apply):
☐ Puerto Rican ☐ American (USA) ☐ Dominican ☐ Colombian
☐ Mexican ☐ Cuban ☐ Asian ☐ European
☐ Identifies as: _____ ☐ I don't know ☐ I rather not answer

Case No. _____

Does the person for whom the protection order is sought have underage children in common with the respondent?

☐ Yes. What are their names? _____

☐ No

If relief sought is for a minor or if there are children in common with the respondent, please complete the following table:

The minor lives with: Name and Kinship	There is an order regarding (check all that apply):			
	Child Support		Custody	Visitation
	Court	ASUME		
	☐	☐	☐	☐
	☐	☐	☐	☐
	☐	☐	☐	☐
	☐	☐	☐	☐
	☐	☐	☐	☐
	☐	☐	☐	☐
	☐	☐	☐	☐

Several domestic and sexual violence statutes require that the court serve a copy of the protection order that may be issued in your favor to your employer, the security company providing residential access control, or the academic institution where you or your children attend. For such purposes, please provide the following information:

a. Employer's Name: _____

Mailing Address: _____

☐ I don't know the address. Email: _____

b. Name of the security company providing access control to your home:

_____

Mailing Address: _____

☐ I don't know the address. Email: _____

For situations of sexual violence, provide the following additional information:

c. Name of the academic institution: _____

Mailing Address: _____

☐ I don't know the address. Email: _____

The following individuals intervened in the process of petitioning for this protection order: ☐ a legal advocate ☐ a social worker ☐ an attorney ☐ a police officer ☐ an officer of the court ☐ someone else ☐ no one.

Provide the person's name: _____ and badge, license, or certification number, if apply: _____

Should it be necessary to ensure the safety of the person for whom this protection order is sought or for government purposes in compliance with the law, I authorize that personal information be disclosed to:

a. non-governmental organizations offering services:
☐ Yes, I authorize disclosure ☐ No, I don't authorize disclosure

b. the appropriate government agencies:
☐ Yes, I authorize disclosure ☐ No, I don't authorize disclosure

Case No. _____

Fill out this section only if you are seeking for an order for someone else.

III. INFORMATION OF THE PERSON WHO IS FILING A PETITION FOR PROTECTION ORDER FOR ANOTHER
(If you represent an employer, provide your first and last names and your official contact information.)

First and Last Names: _____

Email: _____

Mobile or Employer's Phone: _____

Home phone or another number where you may be reached: _____

Physical Address: _____

Is the physical address the same as the mailing address? ☐ Yes ☐ No (please provide mailing address): _____

Do you wish to receive court notices via text messages to the mobile phone number provided?
☐ Yes ☐ No (data or text charges may apply through your wireless service provider)

Name of Petitioner or Representative	*Signature of Petitioner or Representative*	*Date (day/month/year)*