

**THIS FORM IS CONFIDENTIAL AND  
IS NOT A PUBLIC RECORD**

☐ I am the victim representative

☐ I am the victim

**SUPERIOR COURT OF ARIZONA  
MOHAVE COUNTY**

\_\_\_\_\_  
Plaintiff

\_\_\_\_\_  
Defendant

Case Number: \_\_\_\_\_

**VICTIM INFORMATION SHEET  
FOR LIFETIME NO-CONTACT  
INJUNCTION  
(A.R.S. § 13-719)**

**1. VICTIM INFORMATION**

Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Minor victim: ☐ Yes ☐ No

**2. CONTACT INFORMATION**

Who should the Order be mailed to? \_\_\_\_\_

Where should the Order be sent? (Check one or both boxes)

☐ Email to: \_\_\_\_\_

☐ Mail to: \_\_\_\_\_

Telephone: \_\_\_\_\_

☐ Keep this information restricted from the defendant.

**3. VICTIM REPRESENTATIVE INFORMATION (if applicable)**

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to Victim: \_\_\_\_\_

Title and Agency (if applicable): \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name