

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

For Clerk's Use Only

- I am the victim  
 I am the authorized filer as listed in ARPOP Rule 43(c)

**SUPERIOR COURT OF ARIZONA  
IN MOHAVE COUNTY**

\_\_\_\_\_  
Plaintiff

\_\_\_\_\_  
Defendant

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

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

UPDATED

**1. VICTIM INFORMATION**

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

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

Minor victim:  Yes  No

- 2.  VICTIM ATTORNEY'S INFORMATION, or  
 AUTHORIZED FILER'S INFORMATION (if applicable)**

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

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

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

Relationship to victim: \_\_\_\_\_

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

**3. CONTACT INFORMATION**

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

Mailing address: \_\_\_\_\_

Email: \_\_\_\_\_

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

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Filer's Signature

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