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SUPERIOR COURT OF ARIZONA IN MOHAVE COUNTY

		Case Number:
Plaintiff		
		CONFIDENTIAL VICTIM
		INFORMATION SHEET FOR
Defendant		LIFETIME NO-CONTACT
		INJUNCTION (A.R.S. § 13-719
		\square UPDATED
1. VICTIM IN	FORMATION	
Name:		
D-4 £1.1.41.		
Date of birth	<u> </u>	
Minor victin		
Minor victin		ION, or
Minor victim 2. □ VICTIM	: ☐ Yes ☐ No	,
Minor victim 2.	Yes □ No ATTORNEY'S INFORMAT	TION (if applicable)
Minor victing 2. VICTIM AUTHO Name:	H: ☐ Yes ☐ No ATTORNEY'S INFORMATERIZED FILER'S INFORMATERIZED	TION (if applicable)
Minor victim 2. VICTIM AUTHO Name: Telephone:	HE Yes □ No ATTORNEY'S INFORMAT RIZED FILER'S INFORMAT	ΓΙΟΝ (if applicable)
Minor victim 2. VICTIM AUTHO Name: Telephone:	HE Yes □ No ATTORNEY'S INFORMATE RIZED FILER'S INFORMATE A	TION (if applicable)
Minor victim VICTIM AUTHO Name: Telephone: Address: Relationship	The image of the	TION (if applicable)
Minor victim VICTIM AUTHO Name: Telephone: Address: Relationship	The image of the	FION (if applicable)
Minor victim 2. VICTIM AUTHO Name: Telephone: _ Address: Relationship Title and age	The image of the	FION (if applicable)
Minor victim 2. VICTIM AUTHO Name: Telephone: _ Address: Relationship Title and age 3. CONTACT	ATTORNEY'S INFORMAT RIZED FILER'S INFORMAT to victim: ncy (if applicable): INFORMATION	TION (if applicable)
Minor victim 2. VICTIM AUTHO Name: Telephone: _ Address: Relationship Title and age 3. CONTACT Who should	ATTORNEY'S INFORMAT RIZED FILER'S INFORMAT to victim: ncy (if applicable): INFORMATION the Order be mailed to?	TION (if applicable)
Minor victim 2. VICTIM AUTHOR Name: Telephone: _ Address: Relationship Title and age 3. CONTACT Who should Mailing address	ATTORNEY'S INFORMAT RIZED FILER'S INFORMAT to victim: ncy (if applicable): INFORMATION the Order be mailed to? ess:	TION (if applicable)

	Case Number:	
Date	Filer's Signature	
	Printed Name	