

COURT OF COMMON PLEAS, DIVISION OF DOMESTIC RELATIONS
MEDINA COUNTY, OHIO

CPO REPORT

THE INFORMATION CONTAINED IN THIS REPORT IS FOR LAW ENFORCEMENT PURPOSES
ONLY AND IS INTENDED TO AID LAW ENFORCEMENT OFFICERS IN THE SERVICE AND
ENFORCEMENT OFFICERS IN THE SERVICE AND ENFORCEMENT OF THE PROTECTION
ORDER. (Revised 8/8/12)

CASE NO: _____

Petitioner's Name (Victim) _____

Address _____

_____ Phone _____

Rent: Private/Subsidized _____ Own: _____

SSN: _____ Date of Birth _____ Phone _____

Address where staying, if different/Phone: _____

Emergency Contact; Name: _____ Relationship: _____

Address _____ Phone _____

Name and address of employer _____

Occupation _____

Military Service _____

Employment Income _____ Other Income _____

Education: _____

Children (Name) _____ (DOB) _____

(Name) _____ (DOB) _____

(Name) _____ (DOB) _____

DJFS/Juvenile Court Involvement with Family _____

Pets: _____

Respondent's Name _____

Address _____

Rent: Private/Subsidized _____ Own: _____

SSN _____ Date of Birth _____ Phone: _____

Physical Description: Ht _____ Wt _____ Hair _____ Eyes _____ Race _____
Sex _____ Scars and/or Tattoos _____

Vehicle Description: Year _____ Make _____ Model _____
Color _____ License No _____ State _____

Name and address of parent(s) or other close relative _____
Phone _____

Name and address of employer _____

Occupation _____

Military Service _____

Normal work hours/days _____

Employment Income \$ _____ Other Income \$ _____

Financial Responsibilities in Petitioner's Home _____

Education _____

Places frequented _____

Dangerous? _____ If yes, why? _____

Does the Respondent use illegal drugs or engage in excessive use of alcohol? _____

Is the Respondent on parole or probation? _____ If yes, county and name of parole or
Probation officer _____

History of mental illness? _____

Does Respondent own or have access to firearms _____

Does Respondent own or have access to any other type of weapon? _____

Is there any history of violence in the Respondent's family background? _____

Is there any history of physical/sexual abuse of children _____

Is there any history of abuse of animals _____

INCIDENT

Date and time the incident happened _____ am/pm

How long did it last? _____

Witnesses: Name _____ Phone _____

Address: _____

Witnesses: Name _____ Phone _____

Address: _____

Description of injuries _____

Did you require medical attention? _____ If yes, where? _____

Did you try to defend yourself? _____ If yes, what effect did this have on the intensity of the

Attack? Increased _____ Decreased _____ No effect _____

What law enforcement agency was called? _____

Did the police respond? _____ Were there any arrests made? _____

If so, who? _____

What was the charge(s)? _____

Did you sign a complaint? _____ If yes, against whom? _____

If you did not sign a complaint, do you intend to do so? _____

Was a weapon involved? _____ If yes, what type? _____

Does the Respondent still have the weapon? _____ If no, who has the weapon? _____

Were you or Respondent under the influence of drugs or alcohol _____

Who? _____ What substance? _____

Is there any history of violence between you and Respondent? _____ If yes, please explain

When it started and how often _____