

ATTACHMENT - ADDITIONAL PROTECTED PERSONS

SHORT TITLE:	CASE NUMBER:
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INSTRUCTIONS FOR USE

This form should be used as an attachment to list additional protected persons on:

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|---------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Civil Harassment (Item 3)
(CH-100; CH-110; CH-130) | <input type="checkbox"/> Elder/Dependent Abuse (Item 3)
(EA-100 (Item 6); EA-110; EA-130) |
| <input type="checkbox"/> School Violence (Item 4)
(SV-100; SV-110; SV-130) | <input type="checkbox"/> Workplace Violence (Item 4)
(WV-100; WV-110; WV-130) |
| <input type="checkbox"/> CLETS (Item 4)
(CLETS-001) | |

Additional protected person(s) are:

a. Name:

Sex: M <input type="checkbox"/> F <input type="checkbox"/> Age: _____ Lives with you? <input type="checkbox"/> Yes <input type="checkbox"/> No How is he/she related to you? _____

b. Name:

Sex: M <input type="checkbox"/> F <input type="checkbox"/> Age: _____ Lives with you? <input type="checkbox"/> Yes <input type="checkbox"/> No How is he/she related to you? _____

c. Name:

Sex: M <input type="checkbox"/> F <input type="checkbox"/> Age: _____ Lives with you? <input type="checkbox"/> Yes <input type="checkbox"/> No How is he/she related to you? _____

d. Name:

Sex: M <input type="checkbox"/> F <input type="checkbox"/> Age: _____ Lives with you? <input type="checkbox"/> Yes <input type="checkbox"/> No How is he/she related to you? _____

e. Name:

Sex: M <input type="checkbox"/> F <input type="checkbox"/> Age: _____ Lives with you? <input type="checkbox"/> Yes <input type="checkbox"/> No How is he/she related to you? _____

f. Name:

Sex: M <input type="checkbox"/> F <input type="checkbox"/> Age: _____ Lives with you? <input type="checkbox"/> Yes <input type="checkbox"/> No How is he/she related to you? _____

g. Name:

Sex: M <input type="checkbox"/> F <input type="checkbox"/> Age: _____ Lives with you? <input type="checkbox"/> Yes <input type="checkbox"/> No How is he/she related to you? _____
