

PROTECTION ORDER NOTICE TO NCIC (Required fields appear in bold print)

- Initial NCIC Form Amended NCIC Form Removal from NCIC
- Service Completed (Law Enforcement Agency: If unchecked, presume Service Unknown)

Pursuant to Rules 10.01, 10.02, 10.03, and 10.05 of the Rules of Superintendence for the Courts of Ohio, this information shall be promptly entered into the National Crime Information Center index.

SUBJECT NAME

(LAST) (FIRST) (M.I.)

ADDRESS _____
(STREET) (CITY) (STATE) (ZIP)

PHYSICAL DESCRIPTION: HGT _____ WGT _____ HAIR _____
EYES _____ RACE _____ SEX M F

NUMERICAL IDENTIFIER (NOTE: Only ONE of the 4 numerical identifiers is needed.)

1. SSN _____ - _____ - _____ 2. DOB _____ / _____ / _____

3.* DRIVER'S LIC. NO. _____ STATE _____ EXPIRATION YR. _____

4.* VEHICLE LIC. NO. _____ STATE _____ EXPIRATION YR. _____

(* If #3 or #4 is used as a numerical identifier, entire line MUST be completed.)

BRADY DISQUALIFIERS:

Pursuant to 18 U.S.C. 922(g)(8), a "yes" response to all three Brady questions disqualifies the subject from purchasing or possessing any firearms, including a rifle, pistol, revolver, or ammunition.

- Does the Order protect an intimate partner or child(ren)? YES NO
- Did the subject have notice of the hearing and opportunity to participate in the hearing regarding the Order? YES NO
- Does the Order find the subject a credible threat or explicitly prohibit physical force? YES NO

CASE / ORDER NO. _____ (15 DIGIT MAXIMUM) **Is order term of probation/ community control?** YES NO

COURT ORIGINATING AGENCY IDENTIFIER _____ (9 DIGIT ORI ASSIGNED BY NCIC)

NAME OF JUDGE/MAGISTRATE _____

DATE OF ORDER _____ / _____ / _____ **EXPIRATION OF ORDER** _____ / _____ / _____
(IN R.C. 2919.26 AND 2903.213 CASES, "NONEXP" MAY BE USED)

TERMS AND CONDITIONS OF ORDER (Mark all that are applicable):

- 01 The subject is restrained from assaulting, threatening, abusing, harassing, following, interfering, or stalking the protected person and/or the child(ren) of the protected person.
- 02 The subject shall not threaten a member of the protected person's family or household.
- 03 The protected person is granted exclusive possession of the residence or household.
- 04 The subject is required to stay away from the residence, property, school, or place of employment of the protected person or other family or household member.
- 05 The subject is restrained from making any communication with the protected person, including but not limited to, personal, written, or telephone contact, or their employer, employees, or fellow workers, or others with whom the communication would be likely to cause annoyance or alarm the victim.
- 06 The subject has visitation or custody rights of the child(ren) named in this Order.
- 07 The subject is prohibited from possessing and/or purchasing a firearm or other weapon as identified in the Miscellaneous Field.
- 08 See the Miscellaneous Field for comments regarding the specific terms and conditions of this Order.
Miscellaneous comments: _____

09 The protected person is awarded temporary exclusive custody of the child(ren) named.

OHP DATA

ONLY

#EPO

Subject's Name _____

Case/Order No. _____

LIST ALL PROTECTED PERSONS (Total of 9 allowed. **SSN is NOT necessary if DOB is given.**)

PROTECTED PERSON _____
 (LAST) (FIRST) (M.I.)
 DOB ____ / ____ / ____ SSN ____ - ____ - ____ RACE ____
 SEX M F

PROTECTED PERSON _____
 (LAST) (FIRST) (M.I.)
 DOB ____ / ____ / ____ SSN ____ - ____ - ____ RACE ____
 SEX M F

PROTECTED PERSON _____
 (LAST) (FIRST) (M.I.)
 DOB ____ / ____ / ____ SSN ____ - ____ - ____ RACE ____
 SEX M F

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 (LAST) (FIRST) (M.I.)
 DOB ____ / ____ / ____ SSN ____ - ____ - ____ RACE ____
 SEX M F

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 (LAST) (FIRST) (M.I.)
 DOB ____ / ____ / ____ SSN ____ - ____ - ____ RACE ____
 SEX M F

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 DOB ____ / ____ / ____ SSN ____ - ____ - ____ RACE ____
 SEX M F

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 DOB ____ / ____ / ____ SSN ____ - ____ - ____ RACE ____
 SEX M F

PROTECTED PERSON _____
 (LAST) (FIRST) (M.I.)
 DOB ____ / ____ / ____ SSN ____ - ____ - ____ RACE ____
 SEX M F

PROTECTED PERSON _____
 (LAST) (FIRST) (M.I.)
 DOB ____ / ____ / ____ SSN ____ - ____ - ____ RACE ____
 SEX M F

Authorized by (signature): _____ / ____ / ____
 Judge/Magistrate (circle one) Date