

**CIVIL PROTECTION ORDER FORM 27/CRIMINAL PROTECTION ORDER FORM 7:
PROTECTION ORDER NOTICE TO NCIC**

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 Civil Rule 65.1 and Criminal Rule 38, this information shall be promptly entered into the National Crime Information Center (NCIC) index.

	SUBJECT NAME _____		
	(LAST)	(FIRST)	(M.I.)
ADDRESS	_____		
	(STREET)	(CITY)	(STATE) (ZIP)
PHYSICAL DESCRIPTION:	HGT _____	WGT _____	HAIR _____
	EYES _____	RACE _____	SEX <input type="checkbox"/> M <input type="checkbox"/> 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)?			<input type="checkbox"/> YES <input type="checkbox"/> NO
▪ Did the subject have notice of the hearing and opportunity to participate in the hearing regarding the Order?			<input type="checkbox"/> YES <input type="checkbox"/> NO
▪ Does the Order find the subject a credible threat or explicitly prohibit physical force?			<input type="checkbox"/> YES <input type="checkbox"/> NO
CASE / ORDER NO.	_____ (15 DIGIT MAXIMUM)	Is order term of probation/ community control?	<input type="checkbox"/> YES <input type="checkbox"/> 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):			
OHP DATA ONLY #EPO	<input type="checkbox"/> 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.	
	<input type="checkbox"/> 02	The subject shall not threaten a member of the protected person's family or household.	
	<input type="checkbox"/> 03	The protected person is granted exclusive possession of the residence or household.	
	<input type="checkbox"/> 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.	
	<input type="checkbox"/> 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.	
	<input type="checkbox"/> 06	The subject has visitation or custody rights of the child(ren) named in this Order.	
	<input type="checkbox"/> 07	The subject is prohibited from possessing and/or purchasing a firearm or other weapon as identified in the Miscellaneous Field.	
	<input type="checkbox"/> 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.

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

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

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

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