



OFFICE OF THE STATE'S ATTORNEY
MADISON COUNTY, ILLINOIS

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Complaint Number: _____ Date ____/____/____
Name: _____
For Office Use Only

Instructions: Please provide all information below

Person Seeking Protection			
_____	_____	_____	_____
Last Name	First	M.I.	Date of Birth

Address where you are staying, include both street & mailing address			

Home Phone # (____) ____-____		Work Phone # (____) ____-____	

Name of nearest relative		Phone Number	

Name of nearest friend		Phone Number	

What is your relationship with the perpetrator (check all that apply)

- Spouse
- Former spouse
- Parent
- Child
- Having or allegedly having a child in common
- Stepchild
- Sharing or formerly sharing a common dwelling
- Having or having had a dating relationship
- Other person related by blood or marriage
- Sharing a blood relationship through a child
- Personal assistant to person with disabilities or a person who has responsibilities for a high-risk person with disabilities

Perpetrator (Person you are seeking protection from)

Perpetrator's last name

First name

M.I.

Perpetrator's address

If the house/apartment is rented, list names that are on the lease

Perpetrators: _____ /_____/____ (____) _____-____ (____) _____-____
Age Date of Birth Home Phone # Work Phone #

Perpetrator's place of employment

Address of perpetrator's place of employment

Days perpetrator works: (circle) Sun. Mon. Tues. Wed. Thurs. Fri. Sat.

Hours perpetrator works: Start time: ____:____ a.m./p.m. End time: ____:____ a.m./p.m.

Employer phone number (____) _____-____

Incident/evidence supporting need for Order of Protection

Location where most recent incident occurred (address)

Date of incident: ____/____/____ Time incident occurred: ____:____ a.m./p.m.

Police Department incident was reported to: _____

Did the police take any photographs of injuries? Yes [] No []

Were charges filed against the alleged perpetrator in this incident? Yes [] No []

What charges were filed in this incident? _____

Were any charges filed against you in this incident? Yes [] No []

Have you ever had an Order of Protection before? Yes [] No []

If yes, when and where? _____

