

Fort Bliss Military Protective Order Information Worksheet

SUBJECT		PROTECTED PERSON		DATE:		MPR#	
NAME: (LAST, FIRST, MIDDLE)				SSN:		DOB / AGE:	
UNIT: (CO, BN, BDE, DIV)			UNIT UIC #:		GRADE:	MOS:	CITIZENSHIP:
RESIDENT ADDRESS:			CELL/HOME #:		POB (CITY / STATE):		SEX:
ETHNICITY:		HEIGHT:	WEIGHT:	HAIR COLOR:		EYE COLOR:	SKIN TONE:
DRIVER LICENSE # / STATE / EXPIRATION DATE:				DODID #:			
IDENTIFYING MARKS, SCARS, TATTOOS OR OTHER MISC INFORMATION:							
<p>CIVILIAN PROTECTIVE ORDER ISSUED: YES NO UNKNOWN</p>							
<p>*RELATIONSHIP TO PROTECTED PERSON (RPP): _____</p> <p>Examples – 01 Spouse, 02 Common Law Spouse, 03 Parent, 04 Sibling, 05 Child, 06 Grandparent, 07 Grandchild, 08 In-law, 09 Stepparent, 10 Stepchild, 11 Stepsibling, 12 Other family member, 13 Roommate, 14 Foster Parent, 15 Foster Child, 16 Ex-spouse, 17 Other (Explain in Misc.), 18 Date Violence, 19 Hate crime</p>							
VEHICLE INFORMATION							
VIN:		YEAR:	MAKE:	MODEL:	COLOR:	STYLE:	
LICENSE PLATE:			LICENSE PLATE STATE:		LICENSE PLATE EXPIRATION:		
FORM COMPLETED BY		COMMANDER NAME:			GRADE:	CELL #:	
DATE REQUIRED BY THE PRIVACY ACT OF 1974							
1. AUTHORITY:		Title 10, Sec 3012, USC					
2. PRINCIPLE PURPOSE:		This information is used for law enforcement purposes as an additional means to identify subjects, suspects, and witnesses and/or complaints.					
3. ROUTINE USES:		Used by the Provost Marshal Office during the course of criminal investigative activities.					
4. DISCLOSURE:		Voluntary. Refusal to furnish data will not cause initiation of adverse personal action.					