CPIC RESTRAINING ORDER INFORMATION FORM

TYPE OF ORDE	R								
		□ Revoce	ation		dification				
PERSON TO BE PROTECTED Surname		First Name		Mic	Middle Name		Date of Birth		
Surname		riistivame		Wildule Name					
						yy	yy / mm /	dd	
Address (required))								
DETAILS OF PE	RSON <i>TO BE</i> RI	ESTRAINED	•						
						DDLE NAME	E NAME		
ALIAS					CO	URT FILE NO.			
ADDRESS									
ADDRESS									
D.O.B. SEX		HT	WT	WT		EYES	EYES		
/ /									
yyyy/ mm /dd									
Scars, marks, or	distinguising featu	res							
Prepared by (Name, pleas	se print)					Date	Prepared		
						уууу	mm	dd	
Signature									
Name of Judge						Date of O	rder		
Name of vauge						yyyy/	/ / / / mm /	dd	
Court Location	Court Division					Expiry	Date of	Order	
OTTAWA		FAMILY DIVISION					mm	dd	
Date of Revocation / /						Original	Order	Date	
yyyy/ mm / dd Date of Modification	Area of Modificat	ion				yyyy Original	mm Order	dd Date	
/ / yyyy/ mm / dd						уууу	mm	dd	
	at a complete and read important that an acci								
	order or a certified co						n original		
	*** CROIF's	are <u>not</u> to	be placed o	r kept in	the court	file ***			