

**GUAM FAMILY LAW OFFICE**

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**RESTRAINING ORDER/PROTECTIVE ORDER WORKSHEET**

**INSTRUCTIONS:** *Before you meet with Attorney Bill Pesch, please provide the following information. Fill out all questions to the best of your knowledge. You may attach additional sheets of paper, if needed.*

**INFORMATION ABOUT YOU:**

Your Name: *(Please do not use initials)*

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Email address: \_\_\_\_\_

Home phone #: \_\_\_\_\_ Work phone #: \_\_\_\_\_ Cell phone #: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Job/Position: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

**INFORMATION ABOUT THE PERSON WHO IS HARASSING YOU:**

His/ Her Name: *(Please do not use initials)*

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Email address: \_\_\_\_\_

Home phone #: \_\_\_\_\_ Work phone #: \_\_\_\_\_ Cell phone #: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Job/Position: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Social Security No. \_\_\_\_\_ Driver's License No. \_\_\_\_\_ State \_\_\_\_\_

Is the person harassing you either a current or former girlfriend/boyfriend? [ ] Yes [ ] No

If yes, when did you relationship begin: \_\_\_\_\_ When did it end: \_\_\_\_\_

Are you related to the person who is harassing you? [ ] Yes [ ] No

If you are related to the person, explain how you are related: \_\_\_\_\_

Explain why you think you need a restraining order/protective order. Please provide date(s) and location of incident(s) and explain what occurred.

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PLEASE BRING A PHOTO OF THE PERSON HARASSING YOU.  
  
DRAW A MAP TO THE PERSON'S HOME AND WORKPLACE ON A SEPARATE PIECE OF PAPER