

LEIN Records Compliance

CONFIDENTIAL

Protected Party information required for LEIN entry ONLY:

Case _____ vs _____ Case #: _____

Petitioner

Respondent

Protected Party: _____

Last Name

First Name

Middle Name

DOB: _____ (mm/dd/yyyy) Sex: _____ Race: _____

Marital Status: Single Married Divorced Widowed

Full Social Security Number: _____