## CLETS-001

## CONFIDENTIAL CLETS Information

## California Law Enforcement Telecommunications System (CLETS) Information Form

provide law enforcement with information v (amended) form.	n that will hel	p them enforce	it. If any of the	is information	changes, fill ou
Case Number (if you know	v it):		···		
Person to Be Protected (Name):					
Sex: M F Height:					
Hair Color: Eye Color:	Age:		Date of Birth:		
Mailing Address (listed on restraining of	rder):				
City:	_ State: Zip:		Telephone (optional):		
Vehicle (Type, Model, Year):	(Lic		cense Number and State):		
Person to Be Restrained (Name)	:				
Sex: M F Height:					
Hair Color: Eye Color:	_				
Residence Address:		_			
City:					
Business Address:		-	-		
City:				ne:	
Employer:			4		
Occupation/Title:			Work Hou	rs:	
		Social Security Number:			
	(License Number and State):				
Describe any marks, scars, or tattoos:				-	
Other names used by the restrained person					
Guns or Firearms Describe an		arms that you b	elieve the pers	on in ②owns	or has access
Other People to Be Protected		Date of Bi	rth Sex	Race	Relation to