

**PETITION FOR PROTECTION  
FROM ABUSE**

IN THE COURT OF COMMON PLEAS OF  
LEHIGH COUNTY, PENNSYLVANIA  
CIVIL COURT DIVISION

1. PLAINTIFF

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(address)

\_\_\_\_\_  
(City, State, Zip Code)

File No: \_\_\_\_\_

Plaintiff's DOB: \_\_\_\_\_

VS

2. DEFENDANT

\_\_\_\_\_  
(Name (if a minor, please use initials))

\_\_\_\_\_  
(address)

\_\_\_\_\_  
(City, State, Zip Code)

**CAUTION**

**DEFENDANT IDENTIFIERS**

<input type="checkbox"/> Weapon Involved	DOB _____	HEIGHT: _____ Ft. _____ In.
<input type="checkbox"/> Weapon Present on the Property	SEX: _____	WEIGHT: _____
<input type="checkbox"/> Requested Weapon Relinquishment	RACE: _____	EYES: _____
	HAIR: _____	
	SSN: _____	
	DRIVER'S LICENSE#: _____	
	EXP DATE: _____	STATE: _____

Defendant's place of employment is: \_\_\_\_\_

☐ Check here if you have reason to believe that Defendant is a licensed firearms dealer, is employed by a licensed firearms dealer or manufacturer, is employed as a writer, researcher or technician in the firearms or hunting industry, or is required to carry a firearm as a condition of employment

3. I am filing this petition on behalf of ☐ Myself or ☐ Another Person.

If you checked "myself," please answer all questions referring to yourself as "Plaintiff." If you only checked "another person," please answer all questions referring to that person as the "Plaintiff," and provide your address here, as filer, unless confidential:

If you checked "Another Person," also indicate your relationship with Plaintiff (s)

- ☐ parent of minor Plaintiff(s)
- ☐ adult household member with minor Plaintiff(s)
- ☐ court appointed guardian of incompetent Plaintiff(s)
- ☐ applicant for appointment as guardian ad litem of minor Plaintiff(s)

4. Name(s) of all person(s), include minor child(ren) initials only, who seek protection from abuse:

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5. Indicate the relationship between Plaintiff and Defendant:

- ☐ spouse or former spouse of Defendant
- ☐ parent of a child with Defendant
- ☐ current or former sexual or intimate partner with Defendant
- ☐ child of parties
- ☐ child of Plaintiff
- ☐ child of Defendant
- ☐ family member related by blood (consanguinity) to Defendant
- ☐ family member related by marriage or affinity to Defendant
- ☐ sibling (person who shares parenthood) of Defendant

☐ Check here if Defendant is 17 years old or younger.

6. Have Plaintiff and Defendant been involved in any of the following court actions?

☐ Divorce; ☐ Custody; ☐ Support; ☐ Protection from Abuse

If you indicated any of the above, briefly indicate when and where the case was filed and the court number if known:

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7. Has Defendant been involved in any criminal court action? ☐ Yes ☐ No  
 If you answered yes, is Defendant currently on probation/parole? ☐ Yes ☐ No  
 Has Defendant been determined to be a perpetrator in a founded or indicated report Under the Child Protective Services Law, 23 Pa. C.S. §§6301-6386? ☐ Yes ☐ No  
 If you answered Yes, what county's court or child protective services agency issued the founded or indicated report? \_\_\_\_\_

8. Plaintiff and Defendant are the parents of the following minor child/ren: [initial(s) and year of birth of minor child(ren)]:

<u>Initials</u>	<u>Year of Birth</u>
_____	_____
_____	_____
_____	_____
_____	_____

9. If Plaintiff and Defendant are the parents of any minor child/ren together, is there an existing court order regarding their custody? ☐ Yes ☐ No

(a) Where has each child resided during the past five years?

<b>Child's initials</b>	<b>Person(s) child lived with:</b>	<b>Address, unless confidential:</b>	<b>When:</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(b) List any other persons who are known to have or claim a right to custody of each child listed above.

<b>Name:</b>	<b>Address:</b>	<b>Basis of Claim:</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- 10 The following other minor child/ren presently live with Plaintiff: [please use initials and year of birth for minor child(ren)]

<u>Initials</u>	<u>Year of Birth</u>
_____	_____
_____	_____
_____	_____
_____	_____

11. The facts of the most recent incident of abuse are as follows:

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Location: \_\_\_\_\_

Describe in detail what happened, including any physical or sexual abuse, threats, injury, incidents of stalking, medical treatment sought, and/or calls to law enforcement:

Medical treatment ☐ was ☐ was not sought for current allegations

Law Enforcement ☐ was ☐ was not contacted for current allegations

12. If Defendant has committed prior acts of abuse against Plaintiff or the minor child/ren, describe these prior incidents, including any threats, injuries, or incidents of stalking, and indicate approximately when such acts of abuse occurred:

\_\_\_\_\_  
Medical treatment ☐ was ☐ was not sought for prior allegations

Law Enforcement ☐ was ☐ was not contacted for prior allegations

13. (a) Has Defendant used or threatened to use any firearms or other weapons against Plaintiff or the minor child/ren? If so, please describe the use or threatened use below and list on "Attachment A" to Petition, which is incorporated by reference into this petition, any firearms, other weapons, or ammunition Defendant used or threatened to use against Plaintiff or the minor child/ren: ☐ Yes ☐ No
- (b) Other than the firearms, other weapons, or ammunition Defendant used or threatened to use against Plaintiff or the minor child/ren, does Defendant, to the best of your knowledge or belief, own or possess any additional firearm, other weapon, ammunition, or any firearm license? ☐ Yes ☐ No
- (c) If the answer to (b) is "yes," list any additional firearm, other weapon, or ammunition owned by or in the possession of Defendant on Attachment "A" to Petition; which is incorporated into this Petition.
- (d) Plaintiff ☐ DOES ☐ DOES NOT request that the court order Defendant to relinquish firearms, other weapons, or ammunition listed on Attachment A to Petition. If Plaintiff does seek relinquishment, identify on Attachment A to Petition the firearms, other weapons, or ammunition Plaintiff requests the court to order Defendant to relinquish.

14. Identify the sheriff, police department, or law enforcement agency in the area in which Plaintiff lives that should be provided with a copy of the protection order:

PSP - Fogelsville

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15. There is an immediate and present danger of further abuse from Defendant

Evict/Exclude Plaintiff is asking the court to evict and exclude Defendant from the following residence:

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Rented    Owned by \_\_\_\_\_

☐ Defendant owes a duty of support to Plaintiff or the minor child/ren.

☐ Plaintiff has suffered out-of-pocket financial losses as a result of the abuse described above. These losses are:

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FOR THE REASONS SET FORTH ABOVE, I REQUEST THAT THE COURT ENTER A TEMPORARY ORDER, and AFTER HEARING, A FINAL ORDER THAT WOULD DO THE FOLLOWING (CHECK ALL FORMS OF RELIEF REQUESTED):

- ☐ A. Restrain Defendant from abusing, harassing, stalking, threatening, or attempting or threatening to use physical force against Plaintiff or the minor child/ren in any place where Plaintiff or the child/ren may be found.
- ☐ B. Evict/Exclude Defendant from Plaintiff's residence and prohibit Defendant from attempting to enter any temporary or permanent residence of Plaintiff.
- ☐ C. Require Defendant to provide Plaintiff or the minor child/ren with other suitable housing.
- ☐ D. Award Plaintiff temporary custody of the minor child/ren and place the following restrictions on contact between Defendant and the child/ren:
- ☐ E. Prohibit Defendant from having any contact with Plaintiff or the minor child/ren, in person, by telephone, or in writing, personally or through third persons, including but not limited to any contact at Plaintiff's school, business, or place of employment, except as the court may find necessary with respect to partial custody with the minor child/ren.
- ☐ F. Prohibit Defendant from having any contact with Plaintiff's relatives and Plaintiff's children listed in this petition, except as the court may find necessary with respect to partial custody with the minor child/ren. The following persons are Plaintiff's relatives or family and household members that Plaintiff believes require protection from stalking and harassment by Defendant.
- ☐ G. Order Defendant to temporarily relinquish the firearms, other weapons, or ammunition listed on "Attachment A" to Petition, under Defendant's control, or in Defendant's possession, or any firearm license to the sheriff or the appropriate law enforcement agency.
- ☐ H. Prohibit Defendant from acquiring or possessing firearms for the duration of the order.
- ☐ I. Order Defendant to pay temporary support for Plaintiff or the minor child/ren, including medical support and
  - ☐ payment of the rent or mortgage on plaintiff's residence.
- ☐ J. Direct Defendant to pay Plaintiff for the reasonable financial losses suffered as a result of the abuse, to be determined at the hearing.
- ☒ K. Order Defendant to pay costs of this action, including filing and service fees.
- ☐ L. Order Defendant to pay Plaintiff's reasonable attorney's fees

- ☐ M. Order the following additional relief, not listed above:
- ☒ N Grant such other relief as Plaintiff requests or the court deems appropriate
- ☒ O Order the police, sheriff or other law enforcement agency to serve Defendant with a copy of this petition, any order issued, and the order for hearing. Plaintiff will inform the designated authority of any addresses, other than Defendant's residence, where Defendant can be served
- ☐ P Direct the Pennsylvania State Police, the municipal police, or the sheriff to accompany Plaintiff to his or her residence to retrieve personal belongings or accompany Plaintiff while the petition or order is served on Defendant, if Plaintiff has reason to believe his or her safety is at risk.

### **VERIFICATION**

I verify that I am the petitioner as designated in the present action and that the facts and statements contained in the above petition are true and correct to the best of my knowledge. I understand that any false statements are made subject to the penalties of 18 Pa.C.S. §4904, relating to unsworn falsification to authorities.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Additional Information

### Plaintiff:

Name: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_  
\_\_\_\_\_

Email Address: \_\_\_\_\_

Do you need an Interpreter? ☐ YES ☐ NO

If Yes, What Language: \_\_\_\_\_

List any additional address(es) you are requesting to be protected, such as your place of employment or school. List full address including: Business or School Name (if applicable), Street Address with apartment, floor, suite #, etc., City, State, and Zip Code.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have access to a smart phone or computer with a camera and or microphone and internet access?

☐ YES ☐ NO

Do you have the ability to print an email attachment prior to the scheduled remote interview?

☐ YES ☐ NO

Are you available for video interview or telephone interview during the hours of 8:00 a.m. and 2:00 p.m.?

☐ YES ☐ NO

### Defendant:

Name: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_  
\_\_\_\_\_

Email Address: \_\_\_\_\_

Does the Defendant need an Interpreter? ☐ YES ☐ NO

If Yes, What Language: \_\_\_\_\_

Is the Defendant incarcerated? ☐ YES ☐ NO

If Yes, list the Facility name and defendant's inmate number, if known:

\_\_\_\_\_

Does the Defendant have access to a smart phone or computer with a camera and or microphone and internet access?

☐ YES ☐ NO

Does the Defendant have the ability to print an email attachment prior to the scheduled remote interview?

☐ YES ☐ NO



IN THE COURT OF COMMON PLEAS OF LEHIGH COUNTY, PENNSYLVANIA  
CIVIL COURT DIVISION

PLAINTIFF

File No: \_\_\_\_\_

\_\_\_\_\_  
(Name)

Plaintiff's DOB: \_\_\_\_\_

\_\_\_\_\_  
(address)

\_\_\_\_\_  
(City, State, Zip Code)

VS

DEFENDANT

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(address)

\_\_\_\_\_  
(City, State, Zip Code)

"ATTACHMENT A" TO PETITION  
FIREARMS, OTHER WEAPONS OR AMMUNITION INVENTORY

I, \_\_\_\_\_, Plaintiff in this Protection from Abuse action hereby:

- (a) State that Defendant ☐ has ☐ has not used or threatened to use the following firearms, other weapons or ammunition against Plaintiff or the minor child/ren (include addresses or locations, if known, such as "front seat of blue truck," "gun cabinet," "bedroom closet," etc.):

\_\_\_\_\_  
\_\_\_\_\_

- (b) State that Defendant, to the best of my knowledge or belief, owns or possesses the following firearms, other weapons or ammunition not set forth in (a) above (include addresses or locations, if known):

\_\_\_\_\_  
\_\_\_\_\_

- (c) Request that the Court order Defendant to relinquish the following firearms, other weapons or ammunition (include addresses or locations, if known):

\_\_\_\_\_  
\_\_\_\_\_

☐ All firearms, other weapons or ammunition owned or possessed by Defendant.

**Notice:** If you fail to appear for the final hearing or if the Court dismisses or denies the Protection from Abuse Order, the Defendant is eligible to have the guns/weapons, ammunition and all licenses and/or permits that were confiscated returned upon clearance from the Pennsylvania Instant Check (PIC) system.

This attachment will be withheld from public inspection in accordance with 23 Pa.C.S. §6108(a)(7)(v).

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Plaintiff )  
vs ) File No.  
Defendant )

### **Praeceptum for Self-Representation:**

☐ Remove \_\_\_\_\_, Esq., as my attorney of record.

Please update the following address for:

☐ Plaintiff ☐ Defendant ☐ Other \_\_\_\_\_

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Print Name \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

Telephone number

Address \_\_\_\_\_

City, State, Zip Code

EMAIL: \_\_\_\_\_

**I understand that I am under a continuing obligation to provide current contact information to the court, to other self-represented parties, and to attorneys of record.**

4/2020

# CONFIDENTIAL INFORMATION FORM



*Case Records Public Access Policy of the Unified Judicial System of Pennsylvania*  
204 Pa. Code § 213.81  
[www.pacourts.us/public-records](http://www.pacourts.us/public-records)

\_\_\_\_\_  
(Party name as displayed in case caption)

\_\_\_\_\_  
Docket/Case No.

Vs.

\_\_\_\_\_  
(Party name as displayed in case caption)

\_\_\_\_\_  
Court

This form is associated with the pleading titled \_\_\_\_\_, dated \_\_\_\_\_.

Pursuant to the *Case Records Public Access Policy of the Unified Judicial System of Pennsylvania*, the Confidential Information Form shall accompany a filing where confidential information is **required by law, ordered by the court, or otherwise necessary to effect the disposition of a matter**. This form, and any additional pages, shall remain confidential, except that it shall be available to the parties, counsel of record, the court, and the custodian. This form, and any additional pages, must be served on all unrepresented parties and counsel of record.

This Information Pertains to:	Confidential Information:	References in Filing:
<div>(full name of adult)</div> <div>OR</div> <div>This information pertains to a minor with the initials of _____ and the full name of _____</div> <div>(full name of minor)</div> <div>and date of birth: _____</div>	<div>Social Security Number (SSN): _____</div> <div>Financial Account Number (FAN): _____</div> <div>Driver License Number (DLN): _____</div> <div>State of Issuance: _____</div> <div>State Identification Number (SID): _____</div>	<div>Alternative Reference: SSN 1</div> <div>Alternative Reference: FAN 1</div> <div>Alternative Reference: DLN 1</div> <div>Alternative Reference: SID 1</div>
<div>(full name of adult)</div> <div>OR</div> <div>This information pertains to a minor with the initials of _____ and the full name of _____</div> <div>(full name of minor)</div> <div>and date of birth: _____</div>	<div>Social Security Number (SSN): _____</div> <div>Financial Account Number (FAN): _____</div> <div>Driver License Number (DLN): _____</div> <div>State of Issuance: _____</div> <div>State Identification Number (SID): _____</div>	<div>Alternative Reference: SSN 2</div> <div>Alternative Reference: FAN 2</div> <div>Alternative Reference: DLN 2</div> <div>Alternative Reference: SID 2</div>

**CONFIDENTIAL  
INFORMATION  
FORM**



Additional page(s) attached. \_\_\_\_\_ total pages are attached to this filing.

I certify that this filing complies with the provisions of the *Case Records Public Access Policy of the Unified Judicial System of Pennsylvania* that require filing confidential information and documents differently than non-confidential information and documents.

\_\_\_\_\_  
Signature of Attorney or Unrepresented Party

\_\_\_\_\_  
Date

Name: \_\_\_\_\_

Attorney Number: (if applicable) \_\_\_\_\_

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

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

**NOTE: Parties and attorney of record in a case will have access to this Confidential Information Form. Confidentiality of this information must be maintained.**

**CONFIDENTIAL  
INFORMATION  
FORM**



Additional page (if necessary)

<b>This Information Pertains to:</b>	<b>Confidential Information:</b>	<b>References in Filing:</b>
<p>_____ (full name of adult)</p> <p>OR</p> <p>This information pertains to a minor with the initials of _____ and the full name of _____</p> <p>_____ (full name of minor)</p> <p>and date of birth: _____</p>	<p>Social Security Number (SSN): _____</p> <p>Financial Account Number (FAN): _____</p> <p>Driver License Number (DLN): _____</p> <p>State of Issuance: _____</p> <p>State Identification Number (SID): _____</p>	<p>Alternative Reference: SSN ____</p> <p>Alternative Reference: FAN ____</p> <p>Alternative Reference: DLN ____</p> <p>Alternative Reference: SID ____</p>
<p>_____ (full name of adult)</p> <p>OR</p> <p>This information pertains to a minor with the initials of _____ and the full name of _____</p> <p>_____ (full name of minor)</p> <p>and date of birth: _____</p>	<p>Social Security Number (SSN): _____</p> <p>Financial Account Number (FAN): _____</p> <p>Driver License Number (DLN): _____</p> <p>State of Issuance: _____</p> <p>State Identification Number (SID): _____</p>	<p>Alternative Reference: SSN ____</p> <p>Alternative Reference: FAN ____</p> <p>Alternative Reference: DLN ____</p> <p>Alternative Reference: SID ____</p>
<p>_____ (full name of adult)</p> <p>OR</p> <p>This information pertains to a minor with the initials of _____ and the full name of _____</p> <p>_____ (full name of minor)</p> <p>and date of birth: _____</p>	<p>Social Security Number (SSN): _____</p> <p>Financial Account Number (FAN): _____</p> <p>Driver License Number (DLN): _____</p> <p>State of Issuance: _____</p> <p>State Identification Number (SID): _____</p>	<p>Alternative Reference: SSN ____</p> <p>Alternative Reference: FAN ____</p> <p>Alternative Reference: DLN ____</p> <p>Alternative Reference: SID ____</p>

# CONFIDENTIAL INFORMATION FORM



## Instructions for Completing the Confidential Information Form

The following information is confidential and shall not be included in any document filed with a court or custodian, except on a Confidential Information Form filed contemporaneously with the document:

1. Social Security Numbers
2. Financial Account Numbers, except an active financial account number may be identified by the last four digits when the financial account is the subject of the case and cannot otherwise be identified. "Financial Account Numbers" include financial institution account numbers, debit and credit card numbers, and methods of authentication used to secure accounts such as personal identification numbers, user names and passwords.
3. Driver License Numbers
4. State Identification (SID) Numbers
5. Minors' names and dates of birth except when a minor is charged as a defendant in a criminal matter (see 42 Pa.C.S. § 6355). "Minor" is a person under the age of eighteen.
6. Abuse victim's address and other contact information, including employer's name, address and work schedule, in family court actions as defined by Pa.R.C.P. No. 1931(a), except for victim's name. "Abuse Victim" is a person for whom a protection order has been granted by a court pursuant to Pa.R.C.P. No. 1901 et seq. and 23 Pa.C.S. § 6101 et seq. or Pa.R.C.P. No. 1951 et seq. and 42 Pa.C.S. § 62A01 et seq. **If necessary, this information must be provided on the separate Abuse Victim Addendum. Please note there are separate instructions for the completion of the Addendum located on the form.**

Please note this form does not need to be filed in types of cases that are sealed or exempted from public access pursuant to applicable authority (e.g. juvenile, adoption, etc.).

- **The best way to protect confidential information is not to provide it to the court. Therefore, only provide confidential information to the court when it is required by law, ordered by the court or is otherwise necessary to effect the disposition of a matter.**
- Do not include confidential information in any other document filed with the court under this docket.
- If you need to refer to a piece of confidential information in a document, use the alternate references. If you need to attach additional pages, sequentially number each alternate reference – i.e. SSN 3, SSN 4, etc.
- This form, and any additional pages, must be served on all unrepresented parties and counsel of record.

A court or custodian is not required to review or redact any filed document for compliance with the *Case Records Public Access Policy of the Unified Judicial System of Pennsylvania*. A party's or attorney's failure to comply with this section shall not affect access to case records that are otherwise accessible.

If a filed document fails to comply with the requirements of the above referenced policy, a court of record may, upon motion or its own initiative, with or without a hearing, order the filed document sealed, redacted, amended or any combination thereof; a magisterial district court may, upon request or its own initiative, redact, amend or both. A court of record may impose sanctions, including costs necessary to prepare a compliant document for filing in accordance with applicable authority.

**CONFIDENTIAL  
INFORMATION  
FORM**



**Abuse Victim Addendum**

**Instructions for Completing the Abuse Victim Addendum:** The Abuse Victim Addendum shall accompany a filing where confidential information is being provided by an abuse victim, as defined in this policy, **in family court actions** (see Pa.R.C.P. No. 1931(a)), **as required by law, ordered by the court, or otherwise necessary to effect the disposition of a matter.** This addendum, and any additional pages, shall only be provided to the court and shall remain confidential. The best way to protect confidential information is not to provide it to the court. Therefore, only provide confidential information to the court when it is required by law, ordered by the court or is otherwise necessary to effect the disposition of a matter.

<b>Type of Family Court Action</b>		
Divorce, Annulment, Dissolution of Marriage		Child Custody
Support	Paternity	Protection from Abuse
<b>This Information Pertains to:</b>	<b>Confidential Information:</b>	<b>References in Filing:</b>
_____ (full name of abuse victim)	AV Address: _____	Alternative Reference: AV 1 Address
_____ Docket/Case No. of Protection Order	AV Employer's Name & Address: _____	Alternative Reference: AV 1 Employer's Name & Address
_____ Court/County	AV Work Schedule: _____	Alternative Reference: AV 1 Work Schedule
	AV Other contact information: _____	Alternative Reference: AV 1 Other contact information

Attach additional page(s) if necessary.

**CONFIDENTIAL  
INFORMATION  
FORM**



**Abuse Victim Addendum**

Additional page (if necessary)

<b>Type of Family Court Action</b> <div> <div>Divorce, Annulment, Dissolution of Marriage</div> <div>Child Custody</div> </div> <div> <div>Support</div> <div>Paternity</div> <div>Protection from Abuse</div> </div>		
<b>This Information Pertains to:</b>	<b>Confidential Information:</b>	<b>References in Filing:</b>
<div>(full name of abuse victim)</div> <hr/> <div>Docket/Case No. of Protection Order</div> <hr/> <div>Court/County</div> <hr/>	<div>AV Address:</div> <hr/> <div>AV Employer's Name &amp; Address:</div> <hr/> <div>AV Work Schedule:</div> <hr/> <div>AV Other contact information:</div> <hr/>	<div>Alternative Reference: AV __ Address</div> <div>Alternative Reference: AV __ Employer's Name &amp; Address</div> <div>Alternative Reference: AV __ Work Schedule</div> <div>Alternative Reference: AV __ Other contact information</div>

  

<b>Type of Family Court Action</b> <div> <div>Divorce, Annulment, Dissolution of Marriage</div> <div>Child Custody</div> </div> <div> <div>Support</div> <div>Paternity</div> <div>Protection from Abuse</div> </div>		
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