

NEW JUDICIAL RESPONSE SYSTEM LOG SHEET (Last Update 2004) Judge/Region: _____

**Thank you* for completing the Log Sheet. Please mail/return it to: Theresa Gillis, AOTC, 2 Center Plaza, Boston, MA 02108.

DATE AND TIME	REQUESTOR	CASE TYPE	JUDICIAL ACTION FOR C. 123, MEDICAL EMERGENCY, SEARCH WARRANT AND OTHER CASE TYPES	CRIMINAL RECORD CHECK BY POLICE PRIOR TO CALL?	RELATIONSHIP OF DEFENDANT TO PLAINTIFF IN 209A CASE	BASIS FOR ISSUING 209A	209A JUDICIAL ACTION AND RELIEF GRANTED
		<input type="checkbox"/> 209A <input type="checkbox"/> C.123 S. _____ <input type="checkbox"/> Medical Emergency <input type="checkbox"/> Search Warrant <input type="checkbox"/> Jenkins <input type="checkbox"/> Other _____		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Spouse <input type="checkbox"/> Ex-Spouse <input type="checkbox"/> Boyfriend <input type="checkbox"/> Girlfriend <input type="checkbox"/> Other _____	<input type="checkbox"/> Attempted Physical Harm <input type="checkbox"/> Caused Physical Harm <input type="checkbox"/> Fear of Imminent Physical Harm <input type="checkbox"/> Caused Sexual Relations by Force <input type="checkbox"/> Other _____	<input type="checkbox"/> 209A Denied <input type="checkbox"/> 209A Issued <input type="checkbox"/> No Abuse (1) <input type="checkbox"/> No Contact/Stay Away (2) <input type="checkbox"/> Stay Away Home (3) <input type="checkbox"/> Impound Address (4) <input type="checkbox"/> Stay Away Work (5) <input type="checkbox"/> Custody of Children (6) <input type="checkbox"/> No Contact Children (7) <input type="checkbox"/> Surrender Gun (12)
		<input type="checkbox"/> 209A <input type="checkbox"/> C. 123 S. _____ <input type="checkbox"/> Medical Emergency <input type="checkbox"/> Search Warrant <input type="checkbox"/> Jenkins <input type="checkbox"/> Other _____		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Spouse <input type="checkbox"/> Ex-Spouse <input type="checkbox"/> Boyfriend <input type="checkbox"/> Girlfriend <input type="checkbox"/> Other _____	<input type="checkbox"/> Attempted Physical Harm <input type="checkbox"/> Caused Physical Harm <input type="checkbox"/> Fear of Imminent Physical Harm <input type="checkbox"/> Caused Sexual Relations by Force <input type="checkbox"/> Other _____	<input type="checkbox"/> 209A Denied <input type="checkbox"/> 209A Issued <input type="checkbox"/> No Abuse (1) <input type="checkbox"/> No Contact/Stay Away (2) <input type="checkbox"/> Stay Away Home (3) <input type="checkbox"/> Impound Address (4) <input type="checkbox"/> Stay Away Work (5) <input type="checkbox"/> Custody of Children (6) <input type="checkbox"/> No Contact Children (7) <input type="checkbox"/> Surrender Gun (12)
		<input type="checkbox"/> 209A <input type="checkbox"/> C. 123 S. _____ <input type="checkbox"/> Medical Emergency <input type="checkbox"/> Search Warrant <input type="checkbox"/> Jenkins <input type="checkbox"/> Other _____		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Spouse <input type="checkbox"/> Ex-Spouse <input type="checkbox"/> Boyfriend <input type="checkbox"/> Girlfriend <input type="checkbox"/> Other _____	<input type="checkbox"/> Attempted Physical Harm <input type="checkbox"/> Caused Physical Harm <input type="checkbox"/> Fear of Imminent Physical Harm <input type="checkbox"/> Caused Sexual Relations by Force <input type="checkbox"/> Other _____	<input type="checkbox"/> 209A Denied <input type="checkbox"/> 209A Issued <input type="checkbox"/> No Abuse (1) <input type="checkbox"/> No Contact/Stay Away (2) <input type="checkbox"/> Stay Away Home (3) <input type="checkbox"/> Impound Address (4) <input type="checkbox"/> Stay Away Work (5) <input type="checkbox"/> Custody of Children (6) <input type="checkbox"/> No Contact Children (7) <input type="checkbox"/> Surrender Gun (12)
		<input type="checkbox"/> 209A <input type="checkbox"/> C. 123 S. _____ <input type="checkbox"/> Medical Emergency <input type="checkbox"/> Search Warrant <input type="checkbox"/> Jenkins <input type="checkbox"/> Other _____		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Spouse <input type="checkbox"/> Ex-Spouse <input type="checkbox"/> Boyfriend <input type="checkbox"/> Girlfriend <input type="checkbox"/> Other _____	<input type="checkbox"/> Attempted Physical Harm <input type="checkbox"/> Caused Physical Harm <input type="checkbox"/> Fear of Imminent Physical Harm <input type="checkbox"/> Caused Sexual Relations by Force <input type="checkbox"/> Other _____	<input type="checkbox"/> 209A Denied <input type="checkbox"/> 209A Issued <input type="checkbox"/> No Abuse (1) <input type="checkbox"/> No Contact/Stay Away (2) <input type="checkbox"/> Stay Away Home (3) <input type="checkbox"/> Impound Address (4) <input type="checkbox"/> Stay Away Work (5) <input type="checkbox"/> Custody of Children (6) <input type="checkbox"/> No Contact Children (7) <input type="checkbox"/> Surrender Gun (12)
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