

CONFIDENTIAL *PROTECTIVE ORDER INFORMATION SHEET* FOR SHERIFF'S USE ONLY

Respondent's Name:				
Alias Names (including maiden name)				
Additional Alias Information				
Sex	Age	Date of Birth	Race	Skin Tone
Height	Weight	Hair	Eyes	Glasses
Tatoos, Scars, Birthmarks, Moustache, Beard?				
Known Address				
Work Address				
Name of Business				
Alternative Address(es) for Service				
Respondent's Phone Number:				
Service Information: For Service information please provide as much information as possible, i.e.,: best hours to serve, C/D information, un it or apartment number, type of building, business name, type of work performed...				
Vehicle	Vehicle Model	Year		
Color:	License Plate:	License State:		
Notes/Additional Information				
Petitioner's Name:				
Phone:	Cell:	Alternative Phone:		

Case No. _____

Sheriff's No: _____

CAUTION INFORMATION

History of mental illness
 Suicidal Tendencies
 Likely to be under the influence of Alcohol
 Likely to be under the influence of Drugs

Likely to carry a Weapon
 Weapon(s) in the home

If yes to either question, please specify type and location of weapon(s):

Is the Subject on Court Order of Protection?
 If yes, what County?:

FOR SHERIFF'S USE ONLY

Gang Member
 Parole
 Sex Offender
 Valid FOID

Type of Service

Service Only
 Put-out/Stay Away
 RO2 RO3 R14
 Return Minor Child(ren)
 Seizure Warrant (R14.5)
 Warrant for Firearm
 Affidavit in Support of Warrant & Order
 Active Warrant
 CCDOC
 IDOC/Parole