

SERVICE INFORMATION FOR INJUNCTION FOR PROTECTION

The following information is REQUIRED to help the Sheriff's Office in serving the Respondent as soon as possible. It also may alert the Deputy to any potential DANGER that might be encountered while attempting to serve this injunction.

THIS INFORMATION WILL NOT BE PROVIDED TO THE RESPONDENT.

Respondent's Name: _____

Address: _____

Home Phone: _____ Date of Birth: _____ SS #: _____

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____ Sex: _____ Race: _____

Scars/Marks/Tatoos: _____

Place of Employment: _____

Work House/Days/Shift: _____

Is the Respondent known to possess any weapons? _ If yes, what type: _____

Is the Respondent known to be violent to anyone other than yourself? _____

If we cannot locate the Respondent at his/her home or place of employment, can you suggest any other locations where we might locate the Respondent? (Relative, Friends, Hangouts)

PETITIONER'S REQUIRED INFORMATION:

Information where the Sheriff's Office can reach you: _____

Phone: Days _____ Nights _____ Date of Birth _____ Height _____

Weight _____ Hair Color: _____ Eye Color: _____ SS#: _____

Your relationship to the Respondent: _____