



# PROTECTIVE ORDER INFORMATION SHEET • FOR SHERIFF'S USE ONLY

Please complete this form to the best of your knowledge. Additional information on the Respondent will assist the Sheriff's Office in serving the Respondent with a copy of your protective order. The form does not need to be completely filled out but we request you include as much information as you can.

Respondent's Name

Alias Names (including maiden name)

Age	Date of Birth	Race	Skin Tone
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

RESPONDENT'S SEX ASSIGNED AT BIRTH: ☐ Male ☐ Female

RESPONDENT'S GENDER IDENTITY: ☐ Man ☐ Woman ☐ Transgender Woman/Transfeminine

☐ Transgender Man/Transmasculine ☐ Nonbinary/Gender Non-Conforming ☐ Option to fill in \_\_\_\_\_

Sex and gender information is collected to help identify the respondent in compliance with State law. The Sheriff's Office considers such information sensitive and will not share it with third parties except when required by law or regulation.

Height	Weight	Hair	Eyes	Glasses
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Tattoos, Scars, Birthmarks, Mustache, Beard?

Known Address for Service	Unit #	City/Town
<input type="text"/>	<input type="text"/>	<input type="text"/>

Last Known Address	Unit #	City/Town
<input type="text"/>	<input type="text"/>	<input type="text"/>

Work Address	Unit #	City/Town
<input type="text"/>	<input type="text"/>	<input type="text"/>

Name of Business	Occupation / Type of work
<input type="text"/>	<input type="text"/>

Alternate Address(es) for Service	Unit #	City/Town
<input type="text"/>	<input type="text"/>	<input type="text"/>

RESPONDENT'S PHONE NUMBERS	HOME:	MOBILE:
<input type="text"/>	<input type="text"/>	<input type="text"/>

RESPONDENT'S EMAIL ADDRESS
<input type="text"/>

IS RESPONDENT ACTIVE ON SOCIAL MEDIA?	YES	NO	IF YES, LIST ACCOUNTS
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Vehicle Make	Vehicle Model	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

Color	License Plate	License State
<input type="text"/>	<input type="text"/>	<input type="text"/>

Service Information/Notes/Additional Information\*

\*Please provide additional information to help in locating the respondent, e.g. best hours to serve, C/O info, type of building, etc.

Provide contact information for the Sheriff's Office to reach you about service status or to coordinate the enforcement of a protective order.

Petitioner's Name:

Phone Number:	Cell Phone Number:	Alternate Number:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Create a four digit PIN to access service status info at [CookCountySheriffIL.gov](http://CookCountySheriffIL.gov)  
Save your PIN and do not share it.

Case Number

Caution Information  
Check all that apply to respondent:

- ☐ 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
- Please specify type and location of weapon(s)

☐ Is the Person on Court Ordered Probation?  
If yes, what County? \_\_\_\_\_

• FOR SHERIFF'S USE ONLY •

Sheriff's Number

- ☐ Parole
- ☐ Sex Offender
- ☐ Valid FOID

Type of Service

- ☐ Service Only
- ☐ Put-Out / Stay Away
  - ☐ R02, ☐ R03, ☐ R14
- ☐ Return Minor Child(ren)
- ☐ Seizure Warrant (R14.5)
  - ☐ Warrant for Firearm
    - ☐ Affidavit in Support of Warrant & Order
  - ☐ Active Warrant
  - ☐ CCDOC
  - ☐ IDOC/Parole

To connect with a Sheriff's Office Domestic Violence Liaison regarding your protective order call (708) 232-4545