



# PROTECTIVE ORDER INFORMATION SHEET

This form is retained by the Sheriff's Office and is not part of the Protective Order that is served.

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.

Respondent's Name

Alias Names (including maiden name)

Age	Date of Birth	Race	Skin Tone

**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

Tattoos, Scars, Birthmarks, Mustache, Beard?

Known Address for Service	Unit #	City/Town

Last Known Address	Unit #	City/Town

Work Address	Unit #	City/Town

Name of Business	Occupation / Type of work	Work Schedule (i.e., Days/Times)
Alternate Address(es) for Service	Unit #	City/Town

RESPONDENT'S HOME PHONE NUMBER:		RESPONDENT'S MOBILE PHONE NUMBER:	
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RESPONDENT'S EMAIL ADDRESS(ES):	
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IS RESPONDENT ACTIVE ON SOCIAL MEDIA?	YES	NO	IF YES, LIST ACCOUNTS

Vehicle Make	Vehicle Model	Year	Color	License Plate	License State

IS RESPONDENT ON COURT ORDERED PROBATION?	YES	NO	IF YES, WHAT COUNTY?

**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), if applicable:

Service Information/Notes/Additional Information*

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
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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:

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

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