



# 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:

RESPONDENT'S EMAIL ADDRESS(ES):

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  
Save your PIN and do not share it.

Case Number

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.