



# 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	
<b>RESPONDENT'S SEX ASSIGNED AT BIRTH:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <b>RESPONDENT'S GENDER IDENTITY:</b> <input type="checkbox"/> Man <input type="checkbox"/> Woman <input type="checkbox"/> Transgender Woman/Transfeminine <input type="checkbox"/> Transgender Man/Transmasculine <input type="checkbox"/> Nonbinary/Gender Non-Conforming <input type="checkbox"/> Option to fill in _____ <small>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.</small>				
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		
Alternate Address(es) for Service		Unit #	City/Town	
RESPONDENT'S PHONE NUMBERS		HOME:	MOBILE:	
RESPONDENT'S EMAIL ADDRESS				
IS RESPONDENT ACTIVE ON SOCIAL MEDIA?    YES    NO    IF YES, LIST ACCOUNTS				
Vehicle Make	Vehicle Model		Year	
Color	License Plate		License State	
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:	

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
<b>Caution Information</b> <b>Check all that apply to respondent:</b> <input type="checkbox"/> History of Mental Illness <input type="checkbox"/> Suicidal Tendencies <input type="checkbox"/> Likely to be Under the Influence of Alcohol <input type="checkbox"/> Likely to be Under the Influence of Drugs <input type="checkbox"/> Likely to Carry a Weapon <input type="checkbox"/> Weapon(s) in the home Please specify type and location of weapon(s) _____  <input type="checkbox"/> Is the Person on Court Ordered Probation? If yes, what County? _____

<b>•FOR SHERIFF'S USE ONLY•</b> Sheriff's Number
<input type="checkbox"/> Parole <input type="checkbox"/> Sex Offender <input type="checkbox"/> Valid FOID
<b>Type of Service</b> <input type="checkbox"/> Service Only <input type="checkbox"/> Put-Out / Stay Away <input type="checkbox"/> R02, <input type="checkbox"/> R03, <input type="checkbox"/> R14 <input type="checkbox"/> Return Minor Child(ren) <input type="checkbox"/> Seizure Warrant (R14.5) <input type="checkbox"/> Warrant for Firearm <input type="checkbox"/> Affidavit in Support of Warrant & Order <input type="checkbox"/> Active Warrant <input type="checkbox"/> CCDOC <input type="checkbox"/> IDOC/Parole

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