

**•CONFIDENTIAL• PROTECTIVE ORDER INFORMATION SHEET•FOR SHERIFF'S USE ONLY**

Respondent's Name				
Alias Names (including maiden name)				
Sex	Age	Date of Birth	Race	Skin Tone
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 NUMBER:				
Service Information*				
* For Service Information please provide as much information as possible, i.e.: best hours to serve, C/O information, unit or apartment number, type of building, business name, type of work performed...				
Vehicle Make	Vehicle Model		Year	
Color	License Plate		License State	
Notes/Additional Information				
Petitioner's Name:				
Phone Number:	Cell Phone Number:		Alternate Number:	

Additional Alias Information
Case Number
Sheriff's Number

Caution Information Check all that apply:
<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
If yes to either question please specify type and location of weapon(s)
<input type="checkbox"/> Is the Subject on Court Ordered Probation?
If yes, what County? _____

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<input type="checkbox"/> Parole
<input type="checkbox"/> Sex Offender
<input type="checkbox"/> Valid FOID

Type of Service
<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