



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
RESPONDENT'S SEX ASSIGNED AT BIRTH: <input type="checkbox"/> Male <input type="checkbox"/> Female RESPONDENT'S GENDER IDENTITY: <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 _____ <i>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.</i>				
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 HOME PHONE NUMBER:				RESPONDENT'S MOBILE PH
RESPONDENT'S EMAIL ADDRESS(ES):				

**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**

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

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