

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

<b>Respondent's Name</b>				
<b>Alias Names (including maiden name)</b>				
<b>Sex</b>	<b>Age</b>	<b>Date of Birth</b>	<b>Race</b>	<b>Skin Tone</b>
<b>Height</b>	<b>Weight</b>	<b>Hair</b>	<b>Eyes</b>	<b>Glasses</b>
<b>Tattoos, Scars, Birthmarks, Mustache, Beard?</b>				
<b>Known Address for Service</b>		<b>Unit #</b>	<b>City/Town</b>	
<b>Last Known Address</b>		<b>Unit #</b>	<b>City/Town</b>	
<b>Work Address</b>		<b>Unit #</b>	<b>City/Town</b>	
<b>Name of Business</b>		<b>Occupation / Type of work</b>		
<b>Alternate Address(es) for Service</b>		<b>Unit #</b>	<b>City/Town</b>	
<b>RESPONDENT'S PHONE NUMBER:</b>				
<b>Service Information*</b>				
<b>* 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...</b>				
<b>Vehicle Make</b>	<b>Vehicle Model</b>		<b>Year</b>	
<b>Color</b>	<b>License Plate</b>		<b>License State</b>	
<b>Notes/Additional Information</b>				
<b>Petitioner's Name:</b>				
<b>Phone Number:</b>	<b>Cell Phone Number:</b>	<b>Alternate Number:</b>		

<b>Additional Alias Information</b>
<b>Case Number</b>
<b>Sheriff's Number</b>

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

<b>•FOR SHERIFF'S USE ONLY•</b>
<input type="checkbox"/> Parole
<input type="checkbox"/> Sex Offender
<input type="checkbox"/> Valid FOID

<b><u>Type of Service</u></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