

**•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? _____

•FOR SHERIFF'S USE ONLY•
<div style="border: 1px solid black; height: 80px; width: 100%;"></div> <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

(FCN-25)(MAR 19)