_____ COUNTY SHERIFF'S OFFICE
SERVICE INFORMATION FOR INJUNCTIONS FOR PROTECTION

The following information is **REQUIRED** to assist the Sheriff's Department in serving the Respondent as soon as possible. It also may alert to any potential danger that might be encountered while attempting to serve this injunction. **THIS INFORMATION WILL NOT BE PROVIDED TO THE RESPONDENT.**

DATE: _____ CASE NO. _____

RESPONDENT INFORMATION:

Name: _____

Address (911 Address, if available): _____

_____

Home Telephone Number: _____ Work Telephone: _____

Date of Birth: _____/_____/_____ Height: _____ Weight: _____ Age: _____ Sex: _____

Race: _____ Hair Color: _____ Eye Color: _____

Place & Address of Employment: _____

_____

Work Days & Hours: _____

Description of Respondent's Vehicle: Year_____ Make_____ Model_____

Color_____ Tag#_____

Is Respondent known to possess any weapons? _____ If yes, what type?_____

Is Respondent currently in jail? _____

PETITIONER INFORMATION:

Petitioner's Name: _____

Address (911 Address, if available): _____

_____

Telephone Number (day): _____ Telephone Number (night): _____

Date of Birth: _____/_____/_____ Race: _____ Sex: _____

If Respondent cannot be located at his/her home or place of employment, can you suggest other locations we might locate the Respondent? (Relatives, friends, hangouts, etc.)