

# LAW ENFORCEMENT INFORMATION SHEET

CASE NUMBER: \_\_\_\_\_

Fill out this information as completely as possible. The Sheriff's office uses this information to serve the respondent. Address, height, weight, date of birth, hair and eye color is required.

Respondent is believed to be located in \_\_\_\_\_ County.

_____ Name of Respondent	_____ Race	_____ Sex	_____ Date of Birth
_____ Nickname or AKA	_____ Height	_____ Weight	_____ Hair Color
_____ Address	_____ Eyes      Complexion		
_____ City                      State                      Zip	_____ Scars-Tattoos-Facial Hair-Glasses		
_____ Home/Cell Phone                      Work Phone	_____ Other locations Respondent may be found		
_____ Place of Employment	_____ Vehicle Description (Make/Model/Year/Color/Tag)		
_____ Workplace Address	Does Respondent need an interpreter? Yes____ No____		
_____ City                      State                      Zip	Does Petitioner need an Interpreter? Yes____ No____ If so what type? Spanish _____ Deaf _____ Other _____		
Would Respondent be violent to an officer?	Yes____ No____		
Does Respondent have access to weapons?	Yes____ No____ Unknown____ What kind? _____		
Does Respondent have alcohol or drug problems?	Yes____ No____ Explain _____		
Is Respondent in jail?	Yes____ No____ Where? _____		
Other information officer should know? _____			

_____ Name of Petitioner	_____ Home phone/Cell phone/Work Phone
_____ Address (omit if confidential)	_____ Emergency Contact Information (omit if confidential)
_____ City                      State                      Zip	_____ Date of Birth