

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 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 _____
_____ Would Respondent be violent to an officer?	_____ If so what type? Spanish _____ Deaf _____ Other _____		
_____ Does Respondent have access to weapons?	_____ Yes _____ No _____ Unknown _____		
_____ What Kind? _____	_____ Does Respondent have alcohol or drug problems? Yes _____ No _____ Explain _____		
_____ Does Respondent have alcohol or drug problems?	_____ Yes _____ No _____ Where? _____		
_____ Is Respondent on 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)

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City

State

Zip

Date of Birth