

**SERVICE INFORMATION FOR INJUNCTIONS FOR PROTECTION
AGAINST VIOLENCE OR STALKING**

REF: _____ UCN: _____

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

Respondent's Name _____

Alias _____

Address _____

Home Phone _____

Date of Birth _____ Height _____ Weight _____

Hair Color _____ Eye Color _____ Sex _____ Race _____

Scars/Marks/Tattoos or other distinguishing characteristics _____

Place of Employment _____

Address of Employment _____

Work Phone _____ Work Days/Hours _____

Description of Respondent's vehicle: _____

Year _____ Make _____ Model _____

Color _____ Tag# _____

Is the Respondent known to possess any weapons? _____

If yes, what type? _____

Is Respondent known to be violent to any other than you? _____

Is Respondent currently in jail? _____

Information where Sheriff's Office can reach you:

Petitioner's Name _____ Date of Birth: _____

Address _____

Phone number (days) _____ Phone number (nights) _____

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

Any additional comments by Petitioner _____