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**Respondent's Information for Service by Sheriff**

Case No. \_\_\_\_\_

The information contained in this form will assist the sheriff's department in serving the respondent with any documents that require personal service, including the temporary restraining order and injunction. Although you may not know all of the requested information, filling out this form as completely and accurately as possible will help avoid unnecessary delays in service. **The information contained in this document is confidential and will not be shared with the respondent.**

If the temporary restraining order and/or injunction is granted, are you requesting that the **sheriff's department serve the documents on the respondent?**  YES  NO (You may hire a private process server at your own expense.)

**RESPONDENT'S INFORMATION [PERSON WHO IS BEING SERVED]:**

Name of respondent (First, Middle (full), Last): \_\_\_\_\_

Street Address: \_\_\_\_\_ APT. #: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_ Alias/Nickname(s): \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ (If unknown, approximate age: \_\_\_\_)

Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Languages Spoken (other than English): \_\_\_\_\_

Other Distinguishing Features (tattoos, scars, glasses, facial hair, etc.): \_\_\_\_\_

Best time to serve at home: \_\_\_\_\_

Best time to serve at work: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Employer Address: \_\_\_\_\_

Employer Phone Number: \_\_\_\_\_ Work Schedule: \_\_\_\_\_

Make/Model of Vehicle: \_\_\_\_\_ License Plate No. (if known): \_\_\_\_\_

Vehicle Color (including unique characteristics such as paint, dents, etc.): \_\_\_\_\_

Additional information to help sheriff in locating the respondent  
(other places the respondent may be staying, including addresses; any other court dates):

\_\_\_\_\_

Does the respondent carry or possess any weapons?  Yes  No  
If Yes, how many, what kinds, and where are they carried/stored?

\_\_\_\_\_

Is the respondent a heavy drinker?  Yes  No \_\_\_\_\_ Drug user?  Yes  No \_\_\_\_\_

Describe any history of violence, other than what is in the Petition:

\_\_\_\_\_

Are you requesting the respondent to leave the residence?  Yes  No

**CONFIDENTIAL COURT RECORD**

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**PETITIONER'S INFORMATION [PERSON WHO IS REQUESTING THE SERVICE]:**

Petitioner's Name (First, Middle (full), Last): \_\_\_\_\_

Street Address: \_\_\_\_\_ APT. #: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Name of parent/legal guardian (if filing on behalf of the petitioner): \_\_\_\_\_

Can the sheriff leave a voicemail at this number? Home Phone:  Yes  No Cell Phone:  Yes  No


Is there a 72-hour no contact order in effect?  Yes  No

If Yes, when does it expire? \_\_\_\_\_

Please note any special instructions for contacting you or any other information you would like to provide:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IF THIS IS A HARASSMENT TEMPORARY RESTRAINING ORDER OR INJUNCTION, AND THE FILING FEE IS NOT WAIVED BY THE COURT, THE SHERIFF'S DEPARTMENT MAY CHARGE A FEE FOR SERVICE THAT MUST BE PAID DIRECTLY TO THE SHERIFF.**

 \_\_\_\_\_  
Petitioner's Signature

\_\_\_\_\_  
Name Printed or Typed

\_\_\_\_\_  
Date State Bar No. (if any)

**CONFIDENTIAL COURT RECORD**