

(TRO) WORKSEET FOR LAW ENFORCEMENT USE ONLY

****(THIS FORM IS TO BE GIVEN TO THE SHERIFF FOR SERVICE)****

INSTRUCTIONS (FOR PETITIONER):

THE DANE CO SHERIFF'S OFFICE WILL SERVE YOUR PAPERS TO THE RESPONDENT AS SOON AS POSSIBLE. THE RESTRAINING ORDER WILL NOT BE IN EFFECT UNTIL THE RESPONDENT IS SERVED SO IT IS IMPORTANT TO HAVE ACCURATE AND RELIABLE INFORMATION TO HELP LOCATE THE RESPONDENT. (FILL OUT WHAT YOU CAN)

NOTE: THIS FORM WILL NOT BE SERVED UPON THE REPODENT OR RETAINED AS ANY FILE.

*****HAVE YOU PREVIOUSLY FILED AGAINST THIS PERSON BEFORE? YES _____ NO _____

PETITIONER INFORMATION :

YOUR FULL NAME: _____

CURRENT ADDRESS: _____

SEX: ___ RACE: _____ D.O.B.: _____ IF YOU WANT YOUR INFO. KEPT CONFIDENTIAL CHECK HERE _____

CONTACT PHONE: _____

RESPONDENT INFORMATION:

NAME OF PERSON TO SERVE: _____

ALIAS /NICKNAME(S): _____

CURRENT ADDRESS: _____

ARE YOU REQUESTING THE RESPONDENT TO VACATE THE PREMISES? YES _____ NO _____ (DO NOT LEAVE BLANK)

WHERE ELSE MIGHT RESPONDENT BE LOCATED?: _____

HOME PHONE: _____ CELL PHONE: _____ WORK PHONE: _____

EMPLOYER: _____ TYPE OF JOB: _____

WORK ADDRESS: _____ WORK HOURS: _____

D.O.B. (IF UNKNOWN APPROX. AGE): _____ SEX: ___ RACE: ___ HGT: _____ WGT: ___ EYES: ___ HAIR: _____

FACIAL HAIR: _____ GLASSES: _____

IDENTIFYING CHARACTERISTICS (SCARS, MARKS, TATTOOS): _____

DOES RESPONDENT POSSESS ANY FIREARMS/WEAPONS? YES _____ NO _____ APPROX. HOW MANY? _____

TYPE OF FIREARMS/WEAPONS AND WHERE ARE THEY STORED? _____

IS RESPONDENT A HEAVY DRINKER? YES _____ NO _____ IS RESPONDENT A DRUG USER? YES _____ NO _____

DESCRIBE ANY HISTORY OF VIOLENCE (OTHER THAN IN PETITION): _____

VEHICLE DESCRIPTION: _____ LIC. PLATE _____