

STATE OF WISCONSIN, CIRCUIT COURT, _____ COUNTY

-vs-

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:

CONFIDENTIAL COURT RECORD

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

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