



PROTECTIVE ORDER INFORMATION SHEET

This form is retained by the Sheriff's Office and is not part of the Protective Order that is served.

Please complete this form to the best of your knowledge. Additional information on the Respondent will assist the Sheriff's Office in serving the Respondent with a copy of your protective order.

Respondent's Name

Alias Names (including maiden name)

| Age | Date of Birth | Race | Skin Tone |
|-----|---------------|------|-----------|
| | | | |

RESPONDENT'S SEX ASSIGNED AT BIRTH: Male Female
RESPONDENT'S GENDER IDENTITY: Man Woman Transgender Woman/Transfeminine
 Transgender Man/Transmasculine Nonbinary/Gender Non-Conforming Option to fill in _____

Sex and gender information is collected to help identify the respondent in compliance with State law. The Sheriff's Office considers such information sensitive and will not share it with third parties except when required by law or regulation.

| Height | Weight | Hair | Eyes | Glasses |
|--------|--------|------|------|---------|
| | | | | |

Tattoos, Scars, Birthmarks, Mustache, Beard?

| Known Address for Service | Unit # | City/Town |
|---------------------------|--------|-----------|
| | | |

| Last Known Address | Unit # | City/Town |
|--------------------|--------|-----------|
| | | |

| Work Address | Unit # | City/Town |
|--------------|--------|-----------|
| | | |

| Name of Business | Occupation / Type of work | Work Schedule (i.e., Days/Times) |
|------------------|---------------------------|----------------------------------|
| | | |

| Alternate Address(es) for Service | Unit # | City/Town |
|-----------------------------------|--------|-----------|
| | | |

| | | | |
|---------------------------------|--|-----------------------------------|--|
| RESPONDENT'S HOME PHONE NUMBER: | | RESPONDENT'S MOBILE PHONE NUMBER: | |
|---------------------------------|--|-----------------------------------|--|

RESPONDENT'S EMAIL ADDRESS(ES):

IS RESPONDENT ACTIVE ON SOCIAL MEDIA? YES NO IF YES, LIST ACCOUNTS

| Vehicle Make | Vehicle Model | Year | Color | License Plate | License State |
|--------------|---------------|------|-------|---------------|---------------|
| | | | | | |

IS RESPONDENT ON COURT ORDERED PROBATION? YES NO IF YES, WHAT COUNTY?

CAUTION INFORMATION (Check all that apply to respondent):
 History of Mental Illness Suicidal Tendencies Likely to be Under the Influence of Alcohol Likely to be Under the Influence of Drugs
 Likely to Carry a Weapon Weapon(s) in the home
Please specify type and location of weapon(s), if applicable:

Service Information/Notes/Additional Information*

*Please provide additional information to help in locating the respondent, e.g. best hours to serve, C/O info, type of building, etc.

Create a four digit PIN to access service status info at CookCountySheriffIL.gov Save your PIN and do not share it.

Case Number

Provide contact information for the Sheriff's Office to reach you about service status or to coordinate the enforcement of a protective order.

Petitioner's Name:

Phone Number:

Cell Phone Number:

Alternate Number:

To connect with a Sheriff's Office Domestic Violence Liaison regarding your protective order call (708) 232-4545 Monday through Saturday