

CONFIDENTIAL - FOR LAW ENFORCEMENT USE ONLY

14.5 Firearm Search Warrant Order Information Sheet

(02/03/26) CCG 0176 A

IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS

	Petitioner	Case No. _____
and		LEADS No. _____
	Respondent	

14.5 FIREARM SEARCH WARRANT ORDER INFORMATION SHEET

Complete the following to the best of your ability. Additional pages may be attached if more space is needed.

1. Petitioner Information

Petitioner to Respondent Relationship: _____

Petitioner Home Phone: _____ Cell Phone: _____

Alternate Phone: _____ Email: _____

Primary language spoken by Petitioner: _____

Is Petitioner residing with Respondent? Yes No Unknown

If represented by counsel:

Attorney Name: _____ Firm: _____

Atty Phone : _____ Email: _____

If assisted by a domestic violence advocate:

Advocate Name: _____ Agency: _____

Advocate Phone: _____ Email: _____

2. Respondent Identifying Information

Full Legal Name: _____

Date of Birth or, if not known, approximate age: _____

Maiden/Alias/Nicknames: _____

¹Gender assigned at birth: Female Male

Gender Identity: Man Woman Transgender Woman/Transfeminine

 Transgender Man/Transmasculine Nonbinary/Gender Non-Conforming Other:

Height: ___ ft ___ inches Weight: ___ lbs Race: _____ Skin Tone: _____

Hair Color/Length: _____ Eye Color: _____ Glasses? Yes No

Distinguishing features (facial hair, scars, marks, tattoos, etc.): _____

3. Respondent Contact Information and Social Media

Respondent Home Phone: _____ Cell Phone: _____

Alternate Phone: _____ Email: _____

Primary language spoken by Respondent: _____

Is the Respondent on social media? Yes No. If yes, list accounts: _____

¹ Sex and gender information is collected to help identify the Respondent in compliance with state law. Law enforcement agencies consider such information sensitive and will not share it with third parties except when required by law or regulation.

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4. Respondent Behavioral History and Safety Concerns

Does Respondent have any known mental health diagnoses, conditions or suicidal tendencies?

Yes No Unknown If yes, provide details: _____

Is Respondent known to use alcohol or drugs? Yes No Unknown

If yes, what substances and how frequently (if known)? _____

Does Respondent have a history of violence, domestic abuse, resisting arrest or known to be confrontational with law enforcement? Yes No Unknown If yes, explain: _____

Respondent has background in (select any that apply):

Law Enforcement and is currently in active retired status since _____

Agency: _____ Rank/assignment: _____

Military and is currently in active retired status since _____

Branch: _____ Rank/assignment: _____

Unknown if Respondent has a background in law enforcement military.

Has the Respondent made threats involving firearms? Yes No Unknown If yes, provide details: _____

5. Prior Legal Involvement (Attach documentation for the following if available.)

Order of Protection Issued: Emergency Plenary Other: _____

Date Issued: _____ Case No: _____

County: _____ Judge's Name (if known): _____

Has a police report or a Criminal Complaint against the Respondent been filed within the last 90 days? Yes No Unknown

FOID revoked? Yes No Pending

Is Respondent on court ordered probation? Yes No Unknown

If yes, in what county?: _____

There is a parentage case divorce case pending; Case No. _____

Is Respondent currently on an Electronic Monitoring device? Yes No Unknown

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6. Respondent Home, Work and Vehicles

A. Home Property

Address: _____ Unit No: _____ City/Town: _____

Type of Building (Single-family, multi-unit, apartment, etc.): _____

If multi-unit or apartment building, number of units: _____

Most commonly used entrance to the home (front, side, etc.): _____

Best method to access the home? _____

There is a(n) attached detached garage.

Known hiding places or stashes in the home, garage or other detached buildings: _____

Provide times of the day/night the Respondent is typically home: _____

Names and ages of all other individuals staying at this address (including children): _____

Does anyone in the home have physical or mental health needs that officers should be aware of?

Yes No Unknown If yes, explain: _____

Are there animals present at the residence? Yes No Unknown

If yes, what kind (dog, cat, etc.) and how many? _____

Are these animals aggressive? Yes No Unknown

Describe any security features or safety risks on this property (cameras, reinforced doors, alarm systems, trap doors, etc.): _____

Should this address be searched for seizure of firearms? Yes No

B. Work

Name of Employer/Business: _____

Address: _____ Unit No: _____ City/Town: _____

Schedule: _____

Occupation/Type of Work: _____

Describe any security features or safety risks on this property (cameras, reinforced doors, alarm systems, trap doors, etc.): _____

Known hiding places or stashes at Respondent's place of employment: _____

Should this address be searched for seizure of firearms? Yes No

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C. Vehicle(s): If more than one vehicle, list Respondent's primary vehicle first. Additional page(s) may be attached if more space is needed.

Make	Model	Year	Color	License Plate No	License State
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Describe any security features or safety risks in these vehicles (camera, alarm, weapons, etc.):

Known hiding places or stashes in the vehicle(s): _____

Should any vehicles be searched for seizure of firearms? Yes No

D. Other

Address: _____ Unit No: _____ City/Town: _____

Describe any security features or safety risks on this property (cameras, reinforced doors, alarm systems, trap doors, etc.): _____

Known hiding places or stashes on this property: _____

Should this address be searched for seizure of firearms? Yes No

7. Known Associates or Regular Visitors

Does the Respondent have associates/family/friends who may be present at the time of warrant?
Yes No Unknown

If yes, provide names and physical descriptions: _____

Are any known to carry firearms or have violent backgrounds? Yes No Unknown

If yes, provide details: _____

Do you have Children in Common with the Respondent? Yes No

Is DCFS involved? Yes No Unknown

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8. Firearm Information

If known, list firearms; ammunition; and/or firearm parts that could be assembled to make an operable firearm, that are in possession of or controlled by Respondent. **Additional page(s) with the same information below may be attached if more space is needed.**

1. Handgun Shotgun/Rifle Assault Rifle Ammunition Firearm Part
Description (Be specific.): _____
Location: _____

Respondent's Access: Custody/Control Purchased Possesses Received
Date/Time Observed: Date: _____ Time: _____

2. Handgun Shotgun/Rifle Assault Rifle Ammunition Firearm Part
Description (Be specific.): _____
Location: _____

Respondent's Access: Custody/Control Purchased Possesses Received
Date/Time Observed: Date: _____ Time: _____

3. Handgun Shotgun/Rifle Assault Rifle Ammunition Firearm Part
Description (Be specific.): _____
Location: _____

Respondent's Access: Custody/Control Purchased Possesses Received
Date/Time Observed: Date: _____ Time: _____

4. Handgun Shotgun/Rifle Assault Rifle Ammunition Firearm Part
Description (Be specific.): _____
Location: _____

Respondent's Access: Custody/Control Purchased Possesses Received
Date/Time Observed: Date: _____ Time: _____

5. Handgun Shotgun/Rifle Assault Rifle Ammunition Firearm Part
Description (Be specific.): _____
Location: _____

Respondent's Access: Custody/Control Purchased Possesses Received
Date/Time Observed: Date: _____ Time: _____

6. Handgun Shotgun/Rifle Assault Rifle Ammunition Firearm Part
Description (Be specific.): _____
Location: _____

Respondent's Access: Custody/Control Purchased Possesses Received
Date/Time Observed: Date: _____ Time: _____

7. Handgun Shotgun/Rifle Assault Rifle Ammunition Firearm Part
Description (Be specific.): _____
Location: _____

Respondent's Access: Custody/Control Purchased Possesses Received
Date/Time Observed: Date: _____ Time: _____

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