

RAMSEY COUNTY DOMESTIC ABUSE/HARASSMENT Court Case No. _____
LAW ENFORCEMENT INFORMATION SHEET

PLEASE SERVE THIS ORDER IN _____ COUNTY

INFORMATION ABOUT PERSON BEING SERVED:

Name (First, middle, and last) _____
Alias (AKA) _____
Home address _____ Apt. # _____
City _____ State _____ Zip _____
Phone _____ Cell phone _____ Pager _____
Is this person in custody? _____ Where? _____

Does this person need an interpreter? Yes No

If the sheriff will be removing someone from the residence:

Is the person being served currently home? Yes No Unsure. If no, do you expect the person to return to the residence? Yes No. If yes, what day and time: _____
Are there any young children at home? Yes No

Employer's name: _____
Address _____
City _____ State _____ Zip _____
Phone _____ Days _____ Hours _____

This person may also be found at the home of: _____
Address _____
City _____ State _____ Zip _____
Phone _____ Other info. _____

DESCRIPTION OF PERSON BEING SERVED:

Birthdate _____ Race _____ Gender _____ Primary language _____
(Or if unknown, Approx. Age)
Weight _____ Height _____ Eye color _____ Hair color _____
Beard _____ Mustache/goatee _____ Glasses _____
Scars _____ Tattoo(s)? _____ Where?/What? _____

DESCRIPTION OF PERSON BEING SERVED VEHICLE(S)

Make & Model _____ Color _____ Year _____
License Number _____ State name on license plate _____

OTHER INFORMATION

Alcoholic? _____ Drug abuser? _____ Access to weapons? _____ Type? _____
Gang affiliation? _____ What gang? _____ Warrants? _____
This person does/does not expect the order _____ Hostile to law enforcement? _____

YOUR INFORMATION: DO NOT PUT PHONE NUMBER HERE IF CONFIDENTIAL

Name: _____

Phone: _____

Return Service information to: Domestic Abuse/Harassment Office 25 W. 7th St. Room B122 Saint Paul, MN 55102 Phone: (651) 266-5130 Fax: 651-266-5140