

**State Of Minnesota**

**District Court**

County of: _____	Judicial District: _____
	Court File Number: _____
	Case Type: Harassment

**In the Matter of:**

\_\_\_\_\_  
Petitioner (first, middle, last)

**Law Enforcement Information Form**

On behalf of:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

and for her/himself  
vs.

\_\_\_\_\_  
Respondent (first, middle, last)

**INSTRUCTIONS TO PETITIONER  
IMPORTANT! PLEASE READ CAREFULLY!**

The Sheriff will personally serve the Harassment Restraining Order (HRO) on the Respondent. It is important that the Sheriff have accurate and detailed information to help locate the Respondent and avoid delay.

While you are not required to give all the information requested on this information form, please provide any information you do have. If you do not provide this information, it may be more difficult to locate the Respondent and it could make service more dangerous for the Sheriff and others. Please do not let the Respondent know that the HRO is going to be served on him/her. This advance notice could make service more dangerous for the Sheriff and others.

**INFORMATION ABOUT PERSON BEING SERVED:**

Name (First, middle, and last) \_\_\_\_\_

Nickname or Alias (AKA) \_\_\_\_\_

Address Currently Living \_\_\_\_\_ Apt. # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Pager \_\_\_\_\_

Does person own a vicious animal?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown
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Does person carry a gun?  Yes  No  Unknown

Is this person in custody?  Yes  No  Unknown

Where? \_\_\_\_\_

Is this person a Law Enforcement Officer?  Yes  No

Is this person being served currently home?  Yes  No  Unknown

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

Name \_\_\_\_\_ Gender \_\_\_\_\_ Race \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Gender \_\_\_\_\_ Race \_\_\_\_\_ Age \_\_\_\_\_

Is the person being served an Alcoholic?  Yes  No  Unknown

Is the person being served a Drug Abuser?  Yes  No  Unknown

Have access to weapons?  Yes  No Type? \_\_\_\_\_

Affiliated to gang?  Yes  No What gang? \_\_\_\_\_

Warrants?  Yes  No

This person does/does not expect the order?  Does  Does Not

Hostile to law enforcement?  Yes  No

**DESCRIPTION OF PERSON BEING SERVED:**

Birthdate \_\_\_\_\_ Race \_\_\_\_\_ Gender \_\_\_\_\_

(Or if unknown, approximate age) \_\_\_\_\_ Primary language \_\_\_\_\_

Weight \_\_\_\_\_ Height \_\_\_\_\_ Eye color \_\_\_\_\_ Hair color \_\_\_\_\_

Beard?  Yes  No Mustache/Goatee?  Yes  No Glasses?  Yes  No

Scars?  Yes  No Where/What? \_\_\_\_\_

Tattoo(s)?  Yes  No Where/What? \_\_\_\_\_

**LOCATIONS WHERE PERSON BEING SERVED MAY BE FOUND:**

Employer's name: \_\_\_\_\_

Address \_\_\_\_\_ Apt. # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Days \_\_\_\_\_ Hours \_\_\_\_\_

This person may also be found at the home of: \_\_\_\_\_

Address \_\_\_\_\_ Apt. # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Other info: \_\_\_\_\_

Person being served may also be found at:  School  Daycare  Church  Other

Name of Facility \_\_\_\_\_  
Address \_\_\_\_\_ Apt. # \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Days \_\_\_\_\_ Hours \_\_\_\_\_

**DESCRIPTION OF PERSON BEING SERVED VEHICLE(S):**

Make & Model \_\_\_\_\_ Year \_\_\_\_\_  
License Number \_\_\_\_\_ State on license plate \_\_\_\_\_  
Number of Doors  2 door  4 door Color \_\_\_\_\_

**OTHER LAW ENFORCEMENT AGENCIES TO CONTACT:**

Agency Name \_\_\_\_\_ Reason to Contact \_\_\_\_\_  
Agency Name \_\_\_\_\_ Reason to Contact \_\_\_\_\_  
Agency Name \_\_\_\_\_ Reason to Contact \_\_\_\_\_  
Probation/Parole Officer Name \_\_\_\_\_

**THE INFORMATION CONTAINED IN THIS FORM IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.**

Dated: \_\_\_\_\_  
Signature \_\_\_\_\_

**YOUR INFORMATION: DO NOT PUT PHONE NUMBERS HERE IF CONFIDENTIAL.**

Name: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_