

Lake County Sheriff Civil Division Restraining Order Instruction Sheet

To better assist our Deputies in serving these documents, we ask that you give us as much information as possible. **Please Print.**

Service Information

Name of Person (Defendant) to be served: _____

Service Address: (You must provide a physical address. The address must be in Lake County)

Street Address: _____ City: _____ Zip Code: _____

Best time to attempt service: _____

Defendant's Information

Nicknames /Aliases: _____

Date of Birth: _____ Age _____ Sex _____ Height _____ Weight _____ Race _____

Identifying Marks: Scars, Tattoos, Facial Hair, Length of Hair, etc.

Description of any vehicles associated with the Defendant

Work address / Other known addresses _____

Any known weapons on the premises or their person? Yes _____ No _____

What type of weapons? Where are they kept?

Other Information (Drug or Alcohol, Negative Contacts with Law Enforcement, etc.)

Your Name: _____ Signature: _____

Mailing Address: _____ Contact Phone: _____

City: _____ Zip Code: _____

Submitted by: _____ Victim Witness _____ Lake Family Resource Center