

WORKSHEET FOR SHERIFF (AID IN SERVICE FORM)

***THIS FORM WILL HELP THE SHERIFF SERVE YOUR PAPERS MORE EFFICIENTLY AND EFFECTIVELY. PLEASE BE AS ACCURATE AS POSSIBLE AND FILL OUT WHAT YOU CAN. THIS FORM IS FOR THE SHERIFF'S USE ONLY, NOT RESPONDENT.

*****HAVE YOU PREVIOUSLY FILED AGAINST THIS PERSON BEFORE? YES _____ NO _____
[PLEASE PRINT CLEARLY]

PETITIONER'S (YOUR) FULL NAME: _____

PETITIONER'S ADDRESS (STREET/CITY/ZIP): _____
(ADDRESS CONTINUED) _____

SEX: _____ RACE: _____ D.O.B.: _____ IF YOU WANT YOUR ADDRESS KEPT CONFIDENTIAL FROM
RESPONDENT CHECK HERE _____ (FOR SHERIFF USE ONLY)

PETITIONER'S CONTACT PHONE#: _____

***IS THERE CURRENTLY A 72 HOUR NO-CONTACT ORDER IN EFFECT? YES _____ NO _____
IF SO WHEN IS THE ORDER UP? _____

RESPONDENT'S FULL NAME (PERSON TO BE SERVED): _____

ALIAS /NICKNAME(S): _____

CURRENT ADDRESS (STREET/CITY/ZIP): _____

ARE YOU REQUESTING THE RESPONDENT TO VACATE THE PREMISES? YES _____ NO _____ (DO NOT LEAVE BLANK)

WHERE ELSE MIGHT RESPONDENT BE LOCATED?: _____

HOME PHONE: _____ CELL PHONE: _____ WORK PHONE: _____

EMPLOYER: _____ TYPE OF JOB: _____

WORK ADDRESS: _____ WORK HOURS: _____

DATE OF BIRTH: MONTH: _____ DAY: _____ YEAR: _____

SEX: _____ RACE: _____ HGT: _____ WGT: _____ EYE COLOR: _____ HAIR COLOR: _____

FACIAL HAIR (TYPE): _____ DO THEY WEAR GLASSES?: _____ YES OR _____ NO

IDENTIFYING CHARACTERISTICS (SCARS, MARKS, TATTOOS): _____

DOES RESPONDENT POSSESS ANY FIREARMS/WEAPONS? YES _____ NO _____ APPROX. HOW MANY? _____

TYPE OF FIREARMS/WEAPONS AND WHERE ARE THEY STORED? _____

IS RESPONDENT A HEAVY DRINKER? YES _____ NO _____ IS RESPONDENT A DRUG USER? YES _____ NO _____

ANY HISTORY OF VIOLENCE (OTHER THAN IN PETITION)? _____

TYPE OF VEHICLE RESPONDENT DRIVES: MAKE: _____ MODEL: _____ COLOR: _____

LIC. PLATE#: _____ YEAR: _____

DANE COUNTY SHERIFF'S OFFICE
REQUIREMENTS FOR TEMPORARY RESTRAINING ORDERS

FOR SERVICE ON A RESTRAINING ORDER

DANE COUNTY SHERIFF OFFICE NEEDS **COMPLETELY FILLED IN WORKSHEET.**

ADDRESS MUST INCLUDE APT. #, AGE, HEIGHT, WEIGHT, ETC IS NEEDED.

IF THE SHERIFF DOES NOT HAVE THIS INFORMATION YOU'RE RESTRAINING ORDER
MAY NOT BE SERVED. IF YOUR RESTRAINING ORDER IS NOT SERVED YOU WILL NEED TO
COME TO COURT MULTIPLE TIMES AND YOU MAY HAVE TO PAY FOR PUBLICATION.

YOU MAY HIRE YOUR OWN PROCESS SERVER (AT YOUR COSTS) IF YOU CHOOSE TO DO SO. YOU MUST
HAVE THEM CONTACT THE SHERIFF'S OFFICE WHEN SERVICE IS COMPLETED AS WELL AS PROVIDE
PROOF OF SERVICE TO THE COURT.

IF YOUR FEES WERE NOT WAIVED, THE DANE COUNTY SHERIFF'S OFFICE CHARGES \$40 PER ATTEMPT TO
SERVICE, PLUS A MILEAGE FEE ONLY IF SERVICE IS MADE. THIS WILL BE BILLED TO YOU AT YOUR
ADDRESS. WITHOUT COMPLETELY FILLING IN WORKSHEET ATTEMPTS COULD TAKE MORE THAN 1 VISIT.

DANE COUNTY SHERIFF'S HOURS ARE: M-F 7:45 am TO 4:30 pm

AFTER 4:30pm NON-EMERGENCY DISPATCH CAN BE CONTACTED TO FIND OUT IF SERVICE HAS BEEN
MADE AT (608) 266-9038. YOU MAY ALSO CALL THIS NUMBER IF THE RESPONDENT CONTACTS YOU
BEFORE SERVICE HAS BEEN MADE BY THE SHERIFF.

YOU CAN ALSO CHECK VINE FOR YOUR SERVICE INFORMATION.