State of Minnesota				District Cour
County		Judicial Distri	ct:	
		Court File Nu	mber:	
		Case Type:	Har	assment
In the Matter of:				
Petitioner (first, middle, last)				
On behalf of:				
02.00			aw Enforc formation	
		Minn. R. I	Pub. Access	4, subd. 1(a)(3)
and for her/himself				
VS.				
Respondent (first, middle, last)			
	INSTRUCTIONS TO PREASE			
The Sheriff will personally is important that the Sheriff and avoid delay.				
While you are not required provide any information yo difficult to locate the Responsible. Please do not let the This advance notice could make the could be advanced to th	ou do have. If you dondent and it could make Respondent know	to not provide this in make service more dath that the HRO is goin	nformation, ingerous for ng to be serv	it may be more the Sheriff and
INFORMATION ABOUT	' PERSON BEING S	SERVED:		
Name (First, middle, and la	st)			
Nickname or Alias (AKA)_				
Address Currently Living: _				
City				
Phone				

Does person own a vicio	ous animal?					
	gun?					
	this person in custody? Where? this person a Law Enforcement Officer? Yes \(\Delta \) No \(\Delta \)					
Is the person being served			TC 1	. 1 1		
If no, do you expect the po		sidence? ∐Yes ∐ No	o. If yes, wha	t day and		
time:		т				
Are there any young child						
Name						
Name		Gender	Race	Age		
Is the person being served						
Have access to weapons?	Type?		***			
		Vhat gang? Warrants?				
This person does/does not	expect the order?					
Hostile to law enforcement	.t?					
DESCRIPTION OF PEI	RSON BEING SERVE	. <u>D:</u>				
Birthdate	Race		Primary	language		
(Or if unknown, Approx. Age)		Gender	1 11111a1 y	language		
	Height	Eve color	Hair color			
Beard_						
Tattoo(s)?	Where?/What?Where?/What?					
141100(3):	where it will	<u> </u>				
LOCATIONS WHERE	PERSON BEING SER	EVED MAY BE FO	UND:			
Employer's name:						
Address						
City		State	Zip			
Phone	Days	Hours				
This person may also be for						
Address		Q	7.			
CityPhone	0.1 1.0	State	Zip			
Phone	Other into					
Dangan haina assas dan se	alaa ha fayaad at. Cal	1. 🗆 - Dozzasze 🗖	Claymala.	Oth cm. 🗖		
Person being served may a				Otner:		
Name of Facility						
Address		C4 - 4 -	7:			
City	D	StateZip Hours				
rnone	Days	Н	ours			
DESCRIPTION OF PER	RSON REING SERVE	D VEHICLE(S)				
M 1 0 M 1 1			Year_			
License i tuilloei	State on license plate					

Number of Doors- 2 door: □ / 4-door:	
OTHER LAW ENFORCEMENT A	GENCIES TO CONTACT:
Agency Name	Reason to Contact
Agency Name	Reason to Contact
Agency Name	Reason to Contact
Probation/Parole Officer Name:	
THE INFORMATION CONTAINS	ED IN THIS FORM IS TRUE AND CORRECT TO
THE BEST OF MY KNOWLEDGE	
Signature:	
Date:	
YOUR INFORMATION: DO NOT	PUT PHONE NUMBERS HERE IF CONFIDENTIAL
Name:	
Cell Phone:	
Home Phone:	
Work Phone:	