

State of Minnesota

County _____

District Court

Judicial District: _____
Court File Number: _____
Case Type: Domestic Abuse

In the Matter of:

Petitioner (first, middle, last)

On behalf of:

and for her/himself

vs.

Respondent (first, middle, last)

Law Enforcement Information Form

Minn. R. Pub. Access 4, subd. 1(a)(3)

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

The Sheriff will personally serve the Order for Protection (OFP) 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 OFP 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? _____
Does person carry a gun? _____

Is this person in custody? _____ Where? _____

Is this person a Law Enforcement Officer? Yes No

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

Name _____ Gender _____ Race _____ Age _____

Name _____ Gender _____ Race _____ Age _____

Is the person being served an Alcoholic? _____ Drug abuser? _____

Have access to weapons? _____ Type? _____

Affiliated to Gang? _____ What gang? _____ Warrants? _____

This person does/does not expect the order? _____

Hostile to law enforcement? _____

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 _____ Where?/What? _____

Tattoo(s)? _____ Where?/What? _____

LOCATIONS WHERE PERSON BEING SERVED MAY BE FOUND:

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. _____

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

Name of Facility _____

Address _____

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.

Signature: _____

Date: _____

YOUR INFORMATION: DO NOT PUT PHONE NUMBERS HERE IF CONFIDENTIAL

Name: _____

Cell Phone: _____

Home Phone: _____

Work Phone: _____