

# RESPONDENT INFORMATION SHEET FOR INJUNCTIONS

The following information is **REQUIRED** to help the Sheriff's Office in serving the Respondent as soon as possible. It may also alert the deputy to any potential danger that might be encountered while attempting to serve this Injunction. **PLEASE PRINT NEATLY.**

Court Case Number: \_\_\_\_\_

## The following information pertains to the RESPONDENT (who the injunction is against):

Respondent's Name: \_\_\_\_\_

Alias/Nick Names: \_\_\_\_\_

Home Address: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Time Usually Home: \_\_\_\_\_ am/pm Work Hours: \_\_\_\_\_ am/pm

Home Ph # \_\_\_\_\_ Work Ph # \_\_\_\_\_ Cell Ph # \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Race: \_\_\_ Sex: \_\_\_ Hgt: \_\_\_\_\_ Wgt: \_\_\_ Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_

Language Spoken: \_\_\_\_\_

Vehicle Year: \_\_\_\_\_ Vehicle Make: \_\_\_\_\_ Vehicle Model: \_\_\_\_\_

Vehicle Color: \_\_\_\_\_ Vehicle License Plate: \_\_\_\_\_ State: \_\_\_\_\_

Does **RESPONDENT** have any visible scars or tattoos? \_\_\_\_\_

If we cannot locate the **RESPONDENT** at home or work, can you suggest other locations we may try? (Relatives, Friends, addresses, hangouts, etc.) \_\_\_\_\_

Is the **RESPONDENT** currently or in the past been under the care of a Mental Health Physician:

Yes \_\_\_ No \_\_\_ If yes, please list any known diagnoses and medications: \_\_\_\_\_

Does the **RESPONDENT** own any weapons? Yes \_\_\_ No \_\_\_ Type? \_\_\_\_\_

Does the **RESPONDENT** have Military or Specialized Training with Explosives or Weapons: Yes \_\_\_ No \_\_\_ If yes, please list any known: \_\_\_\_\_

**The Sheriff's Office must have the following information on you, the PETITIONER in order to enter the injunction in the Florida National Crime Information Computer system. We also need this information to contact you in the event we are unable to serve the injunction and need assistance with the information listed above. This information will not be provided to the RESPONDENT. Any of the following six questions that apply **MUST** be checked:**

Is the **RESPONDENT** the **PETITIONER'S** spouse or former spouse? \_\_\_ Yes \_\_\_ No

If unmarried, do the **RESPONDENT** and **PETITIONER** have any children in common? \_\_\_ Yes \_\_\_ No

Is the **PETITIONER** the child or step-child of the **RESPONDENT**? \_\_\_ Yes \_\_\_ No

Is the **PETITIONER** and **RESPONDENT** currently or have they formerly cohabitated? \_\_\_ Yes \_\_\_ No

Is the **PETITIONER** and **RESPONDENT** in a same sex cohabitating relationship? \_\_\_ Yes \_\_\_ No

Minor Children are in the custody of the: \_\_\_\_\_ Petitioner \_\_\_\_\_ Respondent

Petitioner's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Ph # \_\_\_\_\_ Work Ph # \_\_\_\_\_ Cell Ph # \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Race: \_\_\_ Sex: \_\_\_ Hgt: \_\_\_\_\_ Wgt: \_\_\_\_\_ Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_

Language Spoken: \_\_\_\_\_

## OFFICE USE ONLY

RESPONDENT  
REMOVED FROM SHARED RESIDENCE \_\_\_\_\_

RESPONDENT  
OUT OF COUNTY \_\_\_\_\_

RESPONDENT  
CURRENTLY IN JAIL \_\_\_\_\_ (POD # \_\_\_\_\_)

RESPONDENT  
CURRENTLY OUT OF TOWN \_\_\_\_\_