LEADS ENTRY GUIDE McHENRY COUNTY SHERIFF - SERVICE DATA SHEET

Case Number:		Issued:					Expires:						
Respondent	Name:					_ DO	DOB:			Sex:			
	Race:	HGT: WGT:			_ Hair	:	Bea]	Eyes:				
	Moustach	e:	Identi	fying M	arks:								
	Address:						Telephone:						
	Location:	on:											
	Employer	r: Telephone:											
	Working Hours:Other Locations:												
	Responde	espondent's Car: Make: Model:					l: Year:Col						
	Registration:												
Remedies	R01 R0 R14 R1	2 R0		R05 R17 De	R06							R13	
Petitioner/Pro-													
tected Address	Address(es): Phone #:												
Protected Persons (To include Petitioners name and relationship to Respondent)	Last, First, MI Relationship Code Name #1:												
Miscellaneous Include BHV Code (Armed, Suicidal or Both)													
LEADS #:		Entry	Time:	:	_ Eı	ntry Da	ate:	/	_/	O	PR:		
Modifications:		Entry	Time:	:	E i	ntry D	ate: _	/	/	0	PR: _		
Relationship Codes: Child in Common (not married) Grandparent Personal Assit. or Caregiver To Person w/Disability Spouse Ex-Former Spouse		CC GP PC SE XS	Boyfriend Shared/cor In-Law Person w/I Person Re Step-paren Other Rela	mmon Dv Disability sp. for Hi	velling gh-Risk A	I F Adult F S	CS L PD PR	Child Grandchild Parent Step-child Sibling (Br Step-Siblin	other/Sis	ter)	CI GG PA SC SE SS	C A C B	