CONFIDENTIAL

ORDER OF PROTECTION GUIDE
McHENRY COUNTY SHERIFF – SERVICE DATA SHEET

Case #: _____ Issued: _____ Expires: _____

Petitioner/ Protected Address	Name: _____ DOB: _____ Address(es): _____ Phone #: _____ Relationship to Respondent: _____

Proof of Service: ☐ Email*: _____
☐ Mail: _____

Respondent	Name: _____ DOB: _____ Sex: _____ Race: _____ HGT: _____ WGT: _____ Beard: _____ Eyes: _____ Address: _____ Apt #: _____ City: _____ State: _____ Telephone: _____ Employer: _____ Telephone: _____ Working Hours: _____ Other Locations: _____ Respondent's Car: Make: _____ Model: _____ Year: _____ Color: _____ Registration: _____

Who might the respondent be staying with? _____
Would those they are staying with be cooperative with law enforcement? _____
Who might they be hanging out with? _____

Additional Information:

*Preferred method

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