

**CHAMPAIGN COUNTY SHERIFF'S OFFICE
ORDER OF PROTECTION SERVICE INFORMATION**

The following information is required by the Champaign County Sheriff's Office for the entry of an Order of Protection into the Law Enforcement Agencies Data Systems (LEADS), CCSO Law Enforcement Records Management Systems and to aid in the service of papers relating to the Order of Protection. This form is used to properly identify the defined subjects for data entry and WILL NOT be released to any person for any reason. This form is destroyed upon service.

Respondent/Person to be served (*Required without exception)

Last Name: * _____

First Name: * _____

Middle Name/Initial: * _____

Date of Birth: * _____

Current Probable Address: _____

City: _____

Race: _____ **Sex:** _____ **Height:** _____ **Weight:** _____

Scars, Marks, Tattoos (Significant Physical Features) _____

Home Phone: * _____ **Work Phone:** _____

Cell: * _____

Employer: _____

Other address or information to assist in locating Respondent: _____

Petitioner and/or all Protected Persons (*Required without exception)

Last Name: * _____

First Name: * _____

Home Phone: * _____ **Work Phone:** _____

Cell: * _____

Employer: * _____