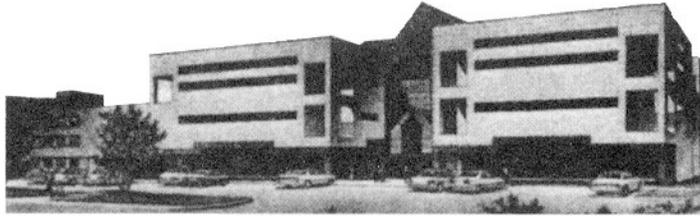


OFFICE OF THE SHERIFF



ERIC SEVERSON, *Sheriff*

515 W. Moreland Blvd. P.O. Box 1488 Waukesha, WI 53188

This form is kept **CONFIDENTIAL** and is NOT PART of the Court File - **PLEASE PRINT**

Party to be served (RESPONDENT)

Name: First							Middle			Last				
Home Address:									Apt#					
City / Town / Village						State			Zip					
Area Code / Phone Numbers (Home and Cell)						Driver's License Number			State of issue					
Employer Name:						Employer Phone Number								
Employer Address														
City / Town / Village						State			Zip					
Shift (Hours) Days of the Week that he/she works														
Sex		Race		Date of Birth		Height		Weight		Hair Color		Eye Color		
(Circle all that apply) Glasses Mustache Beard Goatee Scars Tattoo														
Location or types of Scars and Tattoos:														
Auto Make			Model			Color			Plate Number			State		
Auto Make			Model			Color			Plate Number			State		
Serve At: (Circle One) Home or Employer Other (Please Specify)														
Best Time To Serve:														
Any Criminal History / Weapons / Concerns or Issues – Animals / Pets														

An Accredited Law Enforcement Agency

Administration: 262-548-7126 Records: 262-548-7156 Process: 262-548-7151 Jail: 262-548-7170 Huber: 262-548-7181 Fax: 262-548-7887

Party Filing Action - Confidential Information (PETITIONER INFORMATION)

Name:		First	Middle	Last		
Home Address:						Apt#
City / Town / Village				State		Zip
Area Code / Phone Numbers (Cell and Home)				Driver's License Number		State of issue
Employer Name:				Employer Phone Number		
Employer Address						
City / Town / Village				State		Zip
Sex	Race	Date of Birth	Height	Weight	Hair Color	Eye Color
Your local Police Department is:						
Attorney's Name / BAR Number / Phone Number						
Signature:					Date:	

STOP
INFORMATION BELOW FOR DEPARTMENT USE ONLY.

- Petition for TRO requests the petitioner to be put in physical possession of his/her residence (REMOVAL)
- TRO grants that the petitioner be put in physical possession of his/her residence (REMOVAL)

Address at which removal is to be executed: _____

Additional Comments regarding removal:

Additional Information: