

**CHAMPAIGN COUNTY SHERIFF'S OFFICE
SERVICE INFORMATION FOR ORDERS OF PROTECTION,
CIVIL NO CONTACT ORDERS AND STALKING NO CONTACT ORDERS**

The following information is required by the Champaign County Sheriff's Office for the entry of an Order of Protection, Civil No Contact Orders and Stalking No Contact Orders into the relevant criminal justice order systems and to aid in the service of papers relating to the Orders of Protection, Civil No Contact Orders and Stalking No Contact Orders. This form is used to properly identify the parties for data entry and will not be released to anyone outside of the Champaign County Sheriff's Office. 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 Address: _____

City, State, Zip Code: _____

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

Scars, Marks, Tattoos (Significant Physical Features): _____

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

Cell Phone: * _____

Employer: _____

Other address or information to assist in locating Respondent/Person to be served: _____

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

Last Name: * _____

First Name: * _____

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

Cell Phone: * _____

Employer: _____

Last Name: * _____

First Name: * _____

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

Cell Phone: * _____

Employer: _____

Last Name: * _____

First Name: * _____

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

Cell Phone: * _____

Employer: _____