

**IN THE CIRCUIT COURT OF THE TWELFTH JUDICIAL CIRCUIT
SARASOTA COUNTY, FLORIDA
CIVIL LAW DIVISION, DOMESTIC VIOLENCE**

Court Case Number: _____-DR-01

TO: Sheriff's Office Civil Section

Date Received: _____

Sheriff's Office Case Number: _____

PERSONAL SERVICE IS REQUIRED

Respondent's Name: _____
(Party to be served)

INFORMATION ON RESPONDENT

Listed below is a physical description and information on the Respondent, which may assist the deputy attempting service of this writ.

Race: _____ Sex: _____ D.O.B.: _____ Hair: _____ Eyes: _____ Height: _____ Weight: _____

Describe if any: Glasses: _____ Facial Hair: _____

Scars or Tattoos: _____

Home Address: _____, City _____, State _____ Zip _____

Place of Employment and Address: _____

Working Hours: _____

Description of any vehicles the Respondent may be using:

Vehicle #1: _____
(Make) (Year) (Color) (License Number)

Vehicle #2: _____
(Make) (Year) (Color) (License Number)

Does the Respondent have access to any firearms or other weapons? _____ Does the Respondent carry any concealed weapons? _____ Where are the weapons usually kept? _____

Does the Respondent use alcohol or drugs? _____ Comments: _____

Has the Respondent been arrested within the last year? _____ If so, what were the charges? _____

Petitioner's name and telephone numbers where the Sheriff's Office may contact Petitioner if necessary:

(Petitioner's Name) (Day Telephone Number) (Night Telephone Number)

Confidential:

Address: _____, City _____, State _____ Zip _____

Race: _____ Sex: _____ D.O.B.: _____

For Sheriff's Office Use Only

A wanted person check was performed by the Sheriff's Communications Section on (date) _____ at _____ hours by Operator ID # _____ with the following results: _____

RECORD ALL ATTEMPTS AT SERVICE ON THE REVERSE SIDE OF THIS FORM

RECORD OF ATTEMPTS AT SERVICE AND/OR COMMENTS

| Date & Time | Comments | Deputy ID |
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