

SERVICE OF EX PARTE QUESTIONNAIRE

Date: _____

Name of Subject: _____

Address of Subject: _____

Place of Employment: _____

Race: _____ Gender: _____ Date of Birth: _____ Social Security Number: _____

Hair Color: _____ Eye Color: _____ Height: _____ Weight: _____

List any medical conditions he/she may have: _____

Last known clothing description: _____

List the last location the subject is known to have been: _____

Will there be anyone at the residence to open the door for the deputies when they arrive?

Yes _____ No _____

ARE THERE ANY WEAPONS OR FIREARMS AT THIS LOCATION? Yes _____ No _____

Is he/she still at this location? Yes _____ No _____ I don't know _____

If he/she is not at this location, where could he/she be located? _____

Is the subject known to be violent? Yes _____ No _____

Please complete this questionnaire prior to leaving the Clerk's Office. If your petition is granted, a Deputy Sheriff will be assigned to this case as soon as possible and an attempt will be made to contact the person on the ex parte.