

IN THE COURT OF COMMON PLEAS
DOMESTIC RELATIONS DIVISION
SUMMIT COUNTY, OHIO

CASE NUMBER: _____

PETITIONER

vs.

RESPONDENT

DOMESTIC VIOLENCE SERVICE REQUEST

RESPONDENT'S HOME ADDRESS:

RESPONDENT'S NAME/ADDRESS OF EMPLOYER:

**PETITIONER POLICE DEPARTMENT
WHERE YOU RESIDE:**

**PETITIONER POLICE DEPARTMENT
OF YOUR EMPLOYER:**

**PETITIONER COUNTY YOU RESIDE IN /
SHERIFF'S DEPARTMENT:**

**FOREIGN SHERIFF
CONTACT INFORMATION:**

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Special Instructions to the Sheriff Department

RESPONDENT

BEST TIME TO SERVE RESPONDENT WITH RESTRAINING ORDER: _____ A.M. / P.M.

BEST PLACE RESPONDENT CAN BE SERVED: (PLEASE PROVIDE COMPLETE ADDRESS)

WORK / OTHER ADDRESSES RESPONDENT CAN BE SERVED: _____

ADDITIONAL INFORMATION (IF ANY) TO ASSIST SHERIFF IN SERVING RESPONDENT:

Respondent's Physical Description

Birth Date: _____

Height: _____

Weight: _____

Hair Color: _____

Eye Color: _____

Race: _____

Complexion: _____

Tattoos/Scars: _____

Health Issues: _____

Glasses / Beard / Moustache

Male / Female

Does Respondent have any other arrests? _____ What were they: _____

Respondent's Phone Number: _____ Cell Number: _____

If parties have child(ren) in common, who currently has possession? _____

Respondent Property Description

Vehicle Make: _____

Vehicle Model: _____

Vehicle Year: _____

Vehicle Color: _____

License Plate #: _____

Residents of above Address: _____

Pets at above Address: _____

Other Vehicles: _____

Contact Number of Petitioner for Sheriff: _____

SIGNATURE OF PETITIONER / VICTIM
