

**METROPOLITAN POLICE DEPARTMENT CPO/TPO UNIT
PETITIONER DESCRIPTION SHEET**

Respondent's Name: _____

Case No.: _____

If you would like MPD to serve your order, please complete as much information as known. If unknown please write UNKNOWN. If not applicable, please write N/A.

Petitioner's Information

Respondent's Name: _____ **Nickname / Alias:** _____

Date of Birth: _____ **Social Security #:** _____

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

Hair Style/Color: _____ **Eye Color:** _____ **Primary Language:** _____

Scars/Tattoo or other unique features: _____

Home or Primary Address: _____ **Apt. #:** _____

Apartment Complex or Community: _____

City: _____ **State:** _____ **Zip Code:** _____

Home Phone #: _____ **Cell Phone #:** _____

Best time to serve respondent at home or work? _____ **am/pm**

Other locations or hangouts for respondent: _____

Work Address: _____

Name of Business: _____ **Occupation:** _____

Work Phone #: _____ **Days Off:** _____

Vehicle Information:

Make: _____ **Model:** _____ **Color:** _____ **Tag #:** _____

Weapons: If respondent is known to carry weapons, please describe:

Type: _____ (firearm / knife) **Model:** _____ **Color:** _____

Location weapon is kept: (on person/ in car/ in house)

CONFIDENTIAL RESPONDENT INFORMATION: THIS INFORMATION IS FOR MPD USE ONLY!!!

MPD CPO/TPO Unit will only contact you in the event that additional information is required to serve, i.e., information or questions not on this sheet.

Respondent's contact numbers: _____ **Home** (No message will be left)

_____ **Work** (No message will be left)

_____ **Cell** (Is message ok? Yes ___ No ___)

Alternate Contact Person Name: _____ **Number:** _____

Advocate's Name: _____ **Number:** _____

THIS INFORMATION WILL REMAIN CONFIDENTIAL AT ALL TIMES

Clerk's Office Box:

Bench Warrant on file? Yes No **PDID:** _____ **Photo Available** Yes No

Was an Alternative Service Package Given to Respondent? Yes No