David G. Beth Sheriff 1000 - 55th Street Kenosha, WI 53140 (262)605-5104 Fax (262)605-5197

EVICTION AID IN SERVICE FORM

Must be completed by the plaintiff or their agent. This information is needed to prepare for the eviction. Your help in completing this form will also help the deputies in their preparation to keep them safe.

If information is not provided, a background check may be required by a deputy at a rate of \$35.60 per hour. Kenosha County Circuit Court Case #_____ Total number of occupants at the residence: Do any of the following apply (**if YES how many**): _____ Children ____ Pets ____ Vehicles Violence ☐ Non Payment ☐ Criminal Reason for Eviction: Please Explain: TENANTS/OCCUPANTS: (Please print clearly and neatly) (Refer to your lease agreement if needed) (First Name) (Middle Name or Initial) (Last Name) (1) Name: _____ Date of Birth: _____ Sex: ____ Phone #: ____ Do any of the following apply: _____ Mental Health Issues ____ Hoarding Issues ____ Elderly _____ Violent Tendencies _____ Special Needs Children _____ Medical Issues _____ Mobility Issues _____ Drug/Alcohol Issues _____ Cognitive Delays _____ Assigned Social Worker/Case Manager/Etc. Additional officer safety/general information:

(Use back of form for additional names)

Date of Birth: S Do any of the following apply: Violent Tendencies Drug/Alcohol Issues Additional officer safety/general s (First Name) (3) Name: S Date of Birth: S Do any of the following apply: Violent Tendencies Drug/Alcohol Issues Additional officer safety/general s	Sex: Phone #: Mental Health Issues Special Needs Children Cognitive Delays information: (Middle Name or In Sex: Phone #: Mental Health Issues Special Needs Children Cognitive Delays	Hoarding Issues Medical Issues Assigned Social Worker/ itial) (Last Hoarding Issues Medical Issues	Mobility Issues Case Manager/Etc Name) Elderly Mobility Issues
Do any of the following apply: Violent Tendencies Drug/Alcohol Issues Additional officer safety/general selection [Additional officer saf	Mental Health IssuesSpecial Needs ChildrenCognitive Delaysinformation: (Middle Name or InMental Health Issues Special Needs ChildrenCognitive Delays	Hoarding IssuesMedical IssuesAssigned Social Worker/o	Mobility Issue: Case Manager/Etc Name) Live Plant Compare Compare
(3) Name: Same in the following apply: Violent Tendencies Drug/Alcohol Issues	Sex: Phone #: Mental Health Issues _ Special Needs Children _ Cognitive Delays	Hoarding Issues Medical Issues	Elderly Mobility Issue
Date of Birth: S Do any of the following apply: Violent Tendencies Drug/Alcohol Issues	Sex: Phone #: Mental Health Issues _ Special Needs Children _ Cognitive Delays	Hoarding Issues Medical Issues	Mobility Issue
	miorination.		Case Manager/Etc
(First Name) (4) Name:	(Middle Name or In	,	i Name)
Date of Birth:S Do any of the following apply:Violent Tendencies Drug/Alcohol Issues Additional officer safety/general	Sex: Phone #: Mental Health Issues _ Special Needs Children _ Cognitive Delays	Hoarding Issues Medical Issues	Mobility Issue