



# COUNTY OF KENOSHA

Office of the Sheriff

David W. Zoerner  
Sheriff  
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Kenosha, WI 53140  
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## EVICTIION AID IN SERVICE FORM

This form must be completed by the plaintiff or their agent. This information is needed to prepare for the eviction.

**If this information is not provided, a background check will be required and may cost an additional fee. It may also delay the eviction. Remember the Sheriff's Department has 10 business day to conduct your eviction.**

Case names: \_\_\_\_\_ VS \_\_\_\_\_  
(Plaintiff) (Defendant)

Kenosha County Circuit Court Case # \_\_\_\_\_

Reason for Eviction: ☐ Non-Payment ☐ Criminal ☐ Violence ☐ Other

If the eviction is for criminal activity, violent behavior, or other than for non-payment, please provide a brief explanation. (It does not have to be detailed)

\_\_\_\_\_  
\_\_\_\_\_

Are there any pets? ☐ Dogs ☐ Cats ☐ Exotic Animals ☐ Unknown ☐ Other: \_\_\_\_\_

If the pet is exotic please describe: \_\_\_\_\_

What type of dogs? ☐ Large Breed ☐ Medium Breed ☐ Small Breed ☐ Pit bull ☐ Rottweiler

Are any of the pets AGGRESSIVE or VICIOUS? ☐ Yes ☐ No

Do any of the following apply?

Please answer "Y" for YES, "N" for NO, and "U" for UNKNOWN

\_\_\_\_\_ Aggressive Behavior \_\_\_\_\_ Mental Health Issues \_\_\_\_\_ Hoarding Issues \_\_\_\_\_ Elderly  
\_\_\_\_\_ Special Needs Children \_\_\_\_\_ Medical Issues \_\_\_\_\_ Mobility Issues \_\_\_\_\_ Cognitive Delays  
\_\_\_\_\_ Drug/Alcohol Issues \_\_\_\_\_ Does anyone have a Social Worker/Case Manager/etc.  
Pest Infestations? \_\_\_\_\_ Cockroaches \_\_\_\_\_ Bed Bugs \_\_\_\_\_ Fleas \_\_\_\_\_ Mice

## TENANTS/OCCUPANTS

**Please print clearly and neatly**

**Refer to your lease agreement if needed**

Total number of occupants: \_\_\_\_\_ Total number of children: \_\_\_\_\_ Total number of vehicles: \_\_\_\_\_

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(First Name)

(Middle Name or Initial)

(Last Name)

**(1)** Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Phone #: \_\_\_\_\_

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(First Name)

(Middle Name or Initial)

(Last Name)

**(2)** Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Phone #: \_\_\_\_\_

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(First Name)

(Middle Name or Initial)

(Last Name)

**(3)** Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Phone #: \_\_\_\_\_

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(First Name)

(Middle Name or Initial)

(Last Name)

**(4)** Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Phone #: \_\_\_\_\_

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(First Name)

(Middle Name or Initial)

(Last Name)

**(5)** Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Phone #: \_\_\_\_\_

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(First Name)

(Middle Name or Initial)

(Last Name)

**(6)** Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Phone #: \_\_\_\_\_

If you have additional occupants please complete another Aid In Service form