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.

Case names:	VSVs			
(	(Plaintiff)	(Defendar	(Defendant)	
Kenosha County Circuit Court	Case #			
Total number of occupants at the	ne residence:			
Do any of the following apply (	if YES how many):Cl	nildren Pets	Vehicles	
Reason for Eviction: N	on Payment Criminal	Violence	Other	
Please Explain:				
	Please print clearly and neatly) (			
		Refer to <u>your</u> lease agre		
TENANTS/OCCUPANTS: (I	Please print clearly and neatly) (	Refer to <u>your</u> lease agre	ement if needed) st Name)	
TENANTS/OCCUPANTS: (I  (First Name)  (1) Name:	Please print clearly and neatly) (  (Middle Name or In	Refer to <u>your</u> lease agre	ement if needed) st Name)	
TENANTS/OCCUPANTS: (I  (First Name)  (1) Name:  Date of Birth:	Please print clearly and neatly) ( (Middle Name or In	Refer to <u>your</u> lease agre	ement if needed) st Name)	
TENANTS/OCCUPANTS: (I  (First Name)  (1) Name:  Date of Birth:  Do any of the following apply:	Please print clearly and neatly) (  (Middle Name or In	Refer to <u>your</u> lease agre  itial) (La  Hoarding Issues	ement if needed) st Name)Elderly	
TENANTS/OCCUPANTS: (I  (First Name)  (1) Name:  Date of Birth:  Do any of the following apply: Violent Tendencies	Please print clearly and neatly) (  (Middle Name or In  Sex: Phone #:  Mental Health Issues	Refer to <u>your</u> lease agre  itial) (La  Hoarding Issues  Medical Issues	ement if needed) st Name) Elderly Mobility Issues	
TENANTS/OCCUPANTS: (I  (First Name)  (1) Name:  Date of Birth:  Do any of the following apply: Violent Tendencies	Please print clearly and neatly) (  (Middle Name or In  Sex: Phone #:  Mental Health Issues  Special Needs Children  Cognitive Delays	Refer to <u>your</u> lease agre  itial) (La  Hoarding Issues  Medical Issues	ement if needed) st Name) Elderly Mobility Issues	
TENANTS/OCCUPANTS: (I  (First Name)  (1) Name:  Date of Birth:  Do any of the following apply: Violent Tendencies  Drug/Alcohol Issues	Please print clearly and neatly) (  (Middle Name or In  Sex: Phone #:  Mental Health Issues  Special Needs Children  Cognitive Delays	Refer to <u>your</u> lease agre  itial) (La  Hoarding Issues  Medical Issues	ement if needed) st Name) Elderly Mobility Issues	
TENANTS/OCCUPANTS: (I  (First Name)  (1) Name:  Date of Birth:  Do any of the following apply: Violent Tendencies  Drug/Alcohol Issues	Please print clearly and neatly) (  (Middle Name or In  Sex: Phone #:  Mental Health Issues  Special Needs Children  Cognitive Delays	Refer to <u>your</u> lease agre  itial) (La  Hoarding Issues  Medical Issues	ement if needed) st Name) Elderly Mobility Issues	

(First Name)	(Middle Name or Init	ial) (Las	(Last Name)	
(2) Name:				
Date of Birth:S	ex: Phone #:	====		
Do any of the following apply: _	Mental Health Issues	Hoarding Issues	Elderly	
Violent Tendencies	Special Needs Children	Medical Issues	Mobility Issue	
Drug/Alcohol Issues	Cognitive Delays Assigned Social Worker/Case Manager/Etc			
Additional officer safety/general is	nformation:			
(First Name)	(Middle Name or Initi	ial) (Las	(Last Name)	
(3) Name:				
Date of Birth:S	ex: Phone #:	=======================================		
Do any of the following apply: _	Mental Health Issues	Hoarding Issues	Elderly	
Violent Tendencies	Special Needs Children	Medical Issues	Mobility Issue	
Drug/Alcohol Issues Additional officer safety/general in	Cognitive Delays nformation:	Assigned Social Worker/	Case Manager/Etc	
			ı	
(First Name)	(Middle Name or Initi	ial) (Las	(Last Name)	
(4) Name:				
Date of Birth:S	ex: Phone #:			
Do any of the following apply: _			Elderly	
Violent Tendencies	Special Needs Children	Medical Issues	Mobility Issue	
Drug/Alcohol Issues	Cognitive Delays Assigned Social Worker/Case Manager/Etc			
Additional officer safety/general is	nformation:			
	(Please additional sheets if ne	adad)		