

INSTRUCTIONS REGARDING OUTSTANDING BENCH WARRANT

Fill this out if there is a bench warrant outstanding for the person paying support and you have more information to help locate the person.

DESCRIPTION OF PERSON WANTED FOR CONTEMPT OF COURT FOR OAKLAND COUNTY FRIEND OF THE COURT

INFORMATION ON WANTED PERSON	CASE NUMBER	DATE	LIEN NUMBER	INMATE NUMBER
NAME		NICKNAME		
ADDRESS		CITY	STATE	ZIP
HOME PHONE & AREA CODE		WORK PHONE & AREA CODE		
D.O.B.	RACE	SEX	HEIGHT	WEIGHT
EYE		HAIR		
BUILD	COMPLEXION	SCARS, MARKS, TATTOOS		
GLASSES YES NO	MUSTACHE YES NO	BEARD YES NO	SOCIAL SECURITY #	
VEHICLE	MAKE	YEAR	MODEL	COLOR
LICENSE PLATE				
HAS PERSON REMARRIED YES NO	DOES PERSON HAVE COMPANION YES NO		DO THEY LIVE TOGETHER YES NO	
DOES THIS PERSON WORK - IF YES, NAME & ADDRESS & TELEPHONE NUMBER OF EMPLOYER YES NO				
WHAT DOES THIS PERSON DO FOR WORK				
DOES THIS PERSON HAVE OWN BUSINESS YES NO		EMPLOYER'S NAME, ADDRESS & TELEPHONE		
ANYTHING ELSE TO HELP US FIND PERSON				
YOUR NAME			YOUR DATE OF BIRTH	
YOUR ADDRESS			CITY	STATE
YOUR DAYTIME TELEPHONE NUMBER			YOUR SOCIAL SECURITY #	
DEPUTY'S FIELD NOTES				