

CIVIL WARRANT INFORMATION SHEET

PLEASE COMPLETE & RETURN WITH THE PETITION AND BENCH WARRANT

COURT _____ CASE # _____

NAME _____
FIRST MIDDLE LAST

DATE OF BIRTH _____ OR APPROX AGE _____
(WE MUST HAVE DATE OF BIRTH OR AGE FOR LEIN ENTRY)

RACE _____ SEX _____

HEIGHT _____ WEIGHT _____ HAIR _____ EYES _____

DRIVER'S LICENSE # _____

MICHIGAN PERSONAL ID # _____

HOME ADDRESS _____

WORK ADDRESS _____

ADDITIONAL PHYSICAL IDENTIFIERS _____

FUGITIVE/WARRANTS DIVISION – OAKLAND COUNTY SHERIFF'S OFFICE
(248) 858-5000