



# COUNTY OF KENOSHA

## OFFICE OF THE SHERIFF

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

### EVICITION 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.

**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