



COUNTY OF KENOSHA

OFFICE OF THE SHERIFF

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

EVICTIION 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: _____ VS _____
(Plaintiff) (Defendant)

Kenosha County Circuit Court Case # _____

Total number of occupants at the residence: _____

Do any of the following apply (if YES how many): _____ Children _____ Pets _____ Vehicles

Reason for Eviction: Non Payment Criminal Violence Other

Please Explain:

TENANTS/OCCUPANTS: (Please print clearly and neatly) (Refer to your lease agreement if needed)

(First Name) (Middle Name or Initial) (Last Name)

(1) Name: _____

Date of Birth: _____ Sex: _____ Phone #: _____

Do any of the following apply: _____ Mental Health Issues _____ Hoarding Issues _____ Elderly
_____ Violent Tendencies _____ Special Needs Children _____ Medical Issues _____ Mobility Issues
_____ Drug/Alcohol Issues _____ Cognitive Delays _____ Assigned Social Worker/Case Manager/Etc.

Additional officer safety/general information:

(Use back of form for additional names)

(First Name)

(Middle Name or Initial)

(Last Name)

(2) Name: _____

Date of Birth: _____ Sex: _____ Phone #: _____

Do any of the following apply: _____ Mental Health Issues _____ Hoarding Issues _____ Elderly
_____ Violent Tendencies _____ Special Needs Children _____ Medical Issues _____ Mobility Issues
_____ Drug/Alcohol Issues _____ Cognitive Delays _____ Assigned Social Worker/Case Manager/Etc.

Additional officer safety/general information:

(First Name)

(Middle Name or Initial)

(Last Name)

(3) Name: _____

Date of Birth: _____ Sex: _____ Phone #: _____

Do any of the following apply: _____ Mental Health Issues _____ Hoarding Issues _____ Elderly
_____ Violent Tendencies _____ Special Needs Children _____ Medical Issues _____ Mobility Issues
_____ Drug/Alcohol Issues _____ Cognitive Delays _____ Assigned Social Worker/Case Manager/Etc.

Additional officer safety/general information:

(First Name)

(Middle Name or Initial)

(Last Name)

(4) Name: _____

Date of Birth: _____ Sex: _____ Phone #: _____

Do any of the following apply: _____ Mental Health Issues _____ Hoarding Issues _____ Elderly
_____ Violent Tendencies _____ Special Needs Children _____ Medical Issues _____ Mobility Issues
_____ Drug/Alcohol Issues _____ Cognitive Delays _____ Assigned Social Worker/Case Manager/Etc.

Additional officer safety/general information:

(Please additional sheets if needed)