



# DOUGLAS COUNTY SHERIFF

DEDICATION / COMMITMENT / SERVICE

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UNDERSHERIFF     **STEVE GROSECLOSE**     **BRYCEN GREENWOOD**     **TIFFANY AUGUSTSON**  
 CHIEF CRIMINAL DEPUTY     CHIEF CIVIL DEPUTY     ADMINISTRATIVE ASSISTANT

**Tyler I. Gaille**  
SHERIFF

## WRIT OF HABEAS CORPUS REQUIREMENTS

- ❖ Certified copy of Writ of Habeas Corpus (3 sets)
- ❖ Certified copy of Order to Issue Writ and Warrant in Aid of Writ (3 sets)
  - *(Original signature of judge/commissioner must be on this document. The Order to Issue Writ of Habeas Corpus and Writ of Habeas Corpus must list the break and enter and arrest language that also appears in the Warrant in Aid of Habeas Corpus. The order is the only document requiring the judge's signature and that is why the break and enter language must be listed in the order.)*
- ❖ Certified copy of Petition for Writ.
- ❖ Certified copy of most recent Custody Order which is the basis for the issuance of the Writ (ie., Parenting Plan, Custodial Order, DV Order, etc).
- ❖ Recent photograph of child(ren).
- ❖ Recent photograph of respondent.
- ❖ Payment of \$300 for advanced service fees.

You must fill out the information below as thoroughly as possible:

### INTAKE INFORMATION:

<b>INITIATING PARTY INFORMATION (YOU):</b>					
NAME: (last, first middle)				DOB:	
HEIGHT:	WEIGHT:	EYES:	HAIR:	RACE:	GENDER:
RELATIONSHIP TO OTHER PARTY:			RELATIONSHIP TO CHILD(REN):		
CURRENT ADDRESS: (street, city, state, zip)					
CONTACT PHONE #	MAIN:	CELL:	WORK:	ALT:	
EMPLOYER:		EMPLOYER'S LOCATION:		WORK HOURS:	

VEHICLE LIC:	VEH MAKE/MODEL/YEAR:	VEHICLE COLOR:
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<b>OPPOSING PARTY INFORMATION (OTHER PARTY):</b>					
NAME: (last, first middle)				DOB:	
HEIGHT:	WEIGHT:	EYES:	HAIR:	RACE:	GENDER:
RELATIONSHIP TO OTHER PARTY:			RELATIONSHIP TO CHILD(REN):		
CURRENT ADDRESS: (street, city, state, zip)					
CONTACT PHONE #	HOME:	CELL:	WORK:	ALT:	
EMPLOYER:		EMPLOYER'S LOCATION:		WORK HOURS:	
VEHICLE LIC:	VEH MAKE/MODEL YEAR:		VEHICLE COLOR:		

**PLEASE ANSWER THE FOLLOWING QUESTIONS BY CIRCLING YES OR NO**

Have you or the opposing party ever been arrested or have any outstanding warrants? YES NO

If yes, for what offense and disposition of charge: \_\_\_\_\_

Has any allegation been made against you or the opposing party regarding crime against children?  
YES NO

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

Have you or the opposing party ever been investigated by any state Child Protective Agency (CPS)?  
YES NO

If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

Is the opposing party in violation of a current temporary/permanent custody order or parenting plan?

YES NO

If yes, describe and include the court of issuance and the cause number: \_\_\_\_\_  
\_\_\_\_\_

What reason may the opposing party use to justify his or her refusal to return the child(ren) to your custody? \_\_\_\_\_  
\_\_\_\_\_

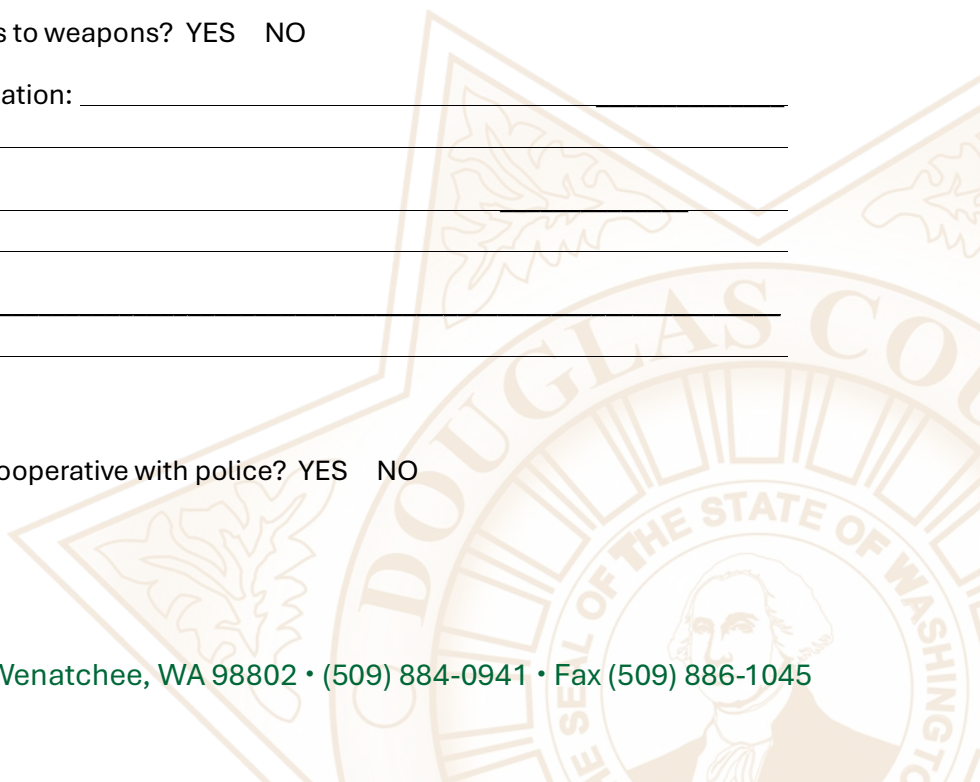
Is there anything about the opposing party's current or past behavior that indicates there may be a danger to the child or Law Enforcement Officers acting pursuant to this order? YES NO

If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does the opposing party have access to weapons? YES NO

If yes, list the type of weapon and location: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is the opposing party likely to be uncooperative with police? YES NO





❖ IF YOU NEED ADDITIONAL ROOM FOR ANY OF THE ABOVE INFORMATION, PLEASE USE THE BACK OF THIS PAGE

<b>CHILD(REN) INFORMATION: ADDITIONAL CHILDREN USE ADDITIONAL PAGE</b>						
NAME: (last. first. middle)			Nickname:		DOB:	AGE:
HEIGHT:	WEIGHT:	EYES:	HAIR:	RACE:	GENDER:	
DAY CARE: YES NO If yes, name and location of daycare:						
SCHOOL: YES NO If yes, name and location of school:						
NAME: (last, first middle)			Nickname:		DOB:	AGE:
HEIGHT:	WEIGHT:	EYES:	HAIR:	RACE:	GENDER:	
DAY CARE: YES NO If yes, name and location of daycare:						
SCHOOL: YES NO If yes, name and location of school:						
DATE CHILD(REN) LAST SEEN:						
WHEN DID YOU REQUEST CHILD(REN) FROM OTHER PARTY?						
BEST TIME AND PLACE TO PICK UP CHILD: Time: _____ Place: _____						
ADDRESSES WHERE CHILD IS BELIEVED TO BE (Include name of person residing at address and child)						
1 _____						
Address		Name		Relationship		
2 _____						
Address		Name		Relationship		
Were any police reports completed? Yes NO				If yes, case type:		
Date filed:		Agency:		Detective/or Contact:		
Was a missing person report filed? YES NO				If yes, date filed:		
Agency:			Contact:			

LIST ANY ADDITIONAL INFORMATION LAW ENFORCEMENT SHOULD BE AWARE OF:  
(such as medical issues, safety issues, child's favorite toy, blanket, etc.)

PHOTO(S) OF CHILD

INCLUDED

NOT INCLUDED

