



SNOHOMISH COUNTY SHERIFF'S OFFICE

INTEGRITY • DIGNITY • COMMITMENT • PRIDE

Ty Trenary, Sheriff

HABEAS CORPUS - INTAKE FORM

Documents / Information Needed:

_____ **Certified copy of the Writ of Habeas Corpus** (3 sets) - issued by Snohomish County Superior Court to be served in Snohomish County or another jurisdiction

-OR-

_____ **Certified copy of the Writ of Habeas Corpus** , - issued by any other Washington State Superior Court and serving in Snohomish County. The writ must be directed to the County Sheriff of the court where the writ originated and contain the heading "and each and every peace officer in the State of Washington." The Snohomish County Sheriff will assist any other law enforcement agency in the State of Washington when our county is involved.

_____ **Certified copy of the Warrant In Aid of Writ of Habeas Corpus** (3 sets) - the original writ was issued by Snohomish County Superior Court.

-OR-

_____ **Certified** copy (2 sets) if writ is from another county

_____ **Certified** copy of the **Order to Issue the Writ of Habeas Corpus**

_____ **Certified** copy of the **Petition for Writ of Habeas Corpus**.

_____ **Certified** copy of the underlying order, which is the basis for issuance of the writ (i.e. Parenting Plan, DV Order, etc)

**** **Was the underlying order served?** **NO** **YES**

_____ **\$350.00 Sheriff Advance Fees** or Court Waiver of Fees or Fees Waived Statutorily under DV Protection Order Filing

- Form of payment is cash, checks, or money orders. Checks and money orders should be made payable to SNOHOMISH COUNTY SHERIFF'S OFFICE (SCSO).
- Estimated Advance Fees are required prior to service attempt. If the fees are less, a refund check will be issued. If the fees are more, a bill will be sent for additional fees. Refer to Sheriff's fee list at www.snoco.org.

Complete the following pages as thoroughly as possible:

INTAKE INFORMATION:

INITIATING PARTY INFORMATION (YOU)					
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 #'S (Circle the best # for us To reach you)	MAIN:	CELL:	WORK:	ALT:	
EMPLOYER:		EMPLOYERS LOCATION:			WORK HOURS:
VEHICLE LIC #:		VEH MAKE/MODEL/YEAR:		VEHICLE COLOR:	

OPPOSING PARTY INFORMATION (OTHER PARTY):					
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 #'S (Circle the best # for us To reach you)	HOME:	CELL:	WORK:	ALT:	
EMPLOYER:		EMPLOYERS LOCATION:			WORK HOURS:
VEHICLE LIC #:		VEH MAKE/MODEL/YEAR:		VEHICLE COLOR:	

CHILD INFORMATION: **FOR ADDITIONAL CHILDREN USE ADDITIONAL FORMS**

CHILD #1 NAME: (last, first, middle)			Nickname:		DOB:	AGE:
HEIGHT:	WEIGHT:	EYES:	HAIR:	RACE:	GENDER:	
DAY CARE: <input type="checkbox"/> NO						
<input type="checkbox"/> YES NAME OF DAYCARE/LOCATION:						
SCHOOL: <input type="checkbox"/> NO						
<input type="checkbox"/> YES NAME OF SCHOOL/LOCATION:						

CHILD #2 NAME: (last, first, middle)			Nickname:		DOB:	AGE:
HEIGHT:	WEIGHT:	EYES:	HAIR:	RACE:	GENDER:	
DAY CARE: <input type="checkbox"/> NO						
<input type="checkbox"/> YES NAME OF DAYCARE/LOCATION						
SCHOOL: <input type="checkbox"/> NO						
<input type="checkbox"/> YES NAME OF SCHOOL/LOCATION:						

DATE CHILD(REN) LAST SEEN:	WHEN DID YOU REQUEST CHILD(REN) FROM OTHER PARTY?
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BEST TIME AND PLACE TO PICK UP CHILD

Time **Place** (please indicate if day care, school, or one of the addresses listed below)

ADDRESSES WHERE CHILD IS BELIEVED TO BE (Include name of person residing at address and relationship to child)

1. _____

Address	Name	Relationship
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2. _____

Address	Name	Relationship
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Were any police reports completed? <input type="checkbox"/> No <input type="checkbox"/> Yes	If Yes: Case Type:
Date filed	Detective/or Contact
Agency	
Was a Missing Person report filed? <input type="checkbox"/> NO <input type="checkbox"/> YES	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