

KING COUNTY SHERIFF'S OFFICE
CIVIL DIVISION

* THIS FORM MUST ACCOMPANY ALL WARRANTS ON SUBJECTS NOT IN CUSTODY *

* Type or Print in BLACK Ink *

CIVIL WARRANT PROGRESS INFORMATION

** Items in **bold** are mandatory or warrant will not be accepted.*

Name				Sex Male <input type="checkbox"/> Female <input type="checkbox"/>		Race	
Date of Birth		State or Province of Birth		Height		Weight	
Hair				Eyes			
Skin Tone		Scars, Marks, Tattoos, Art, Body Parts				Caution – Armed, Dangerous	
Last Known Address (City, State, Zip)						Telephone Number ()	
Driver's License #			State		Expires		SSN #
Cause #			Warrant Date		OFF Code		Offense
Amount of Bail		Warrant #		Issuing Agency		Court	File
Felony <input type="checkbox"/>		Misdemeanor <input type="checkbox"/>		Miscellaneous			
Employee Occupation						Telephone	

Attorney's Name _____ **Address** _____

City, State, Zip _____ **Email** _____

Telephone () _____ **Fax** () _____

Date	

For Data Systems Use Only

SEAKING CCN:		DOE:		TOE:		SERV:	
		DOC:		TOC:		SERV:	
WARRANT RELEASED TO NAME:		PERS #		UNIT:		DATE:	
						TIME:	