CONFIDENTIAL

STATE OF INDIANA	**)**	**IN THE ALLEN SUPERIOR COURT**
	) SS:	**SMALL CLAIMS DIVISION**
COUNTY OF ALLEN	**)**	**FORT WAYNE, INDIANA**

WARRANT INFORMATION CARD

(Print/Type All Information)

Case Number: _____

Name: _____
Last **First** **M.I**

Address: _____

SSN:_____ **DOB:**_____ **Sex:**____ **Race:**_____

Charge:_____

Warrants and attachments will not be accepted without either the Social Security Number or Date of Birth. All other information requested above must be filled out completely.

(Optional Information)

Employment: _____

HT:_____ **WT:**_____ **Hair:**_____ **Eyes:**_____

Alias Names: _____

A Warrant Information Card is to be made out for each person that is to be picked up on a warrant or body attachment. It must be accompanied with said warrant when brought to the Allen County Sheriff's Department.