

## KENDALL COUNTY OFFICE OF THE SHERIFF



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## Citizens at Risk Program Registration

C.A.R. INC #					
Are you filling this form	out on the behalf of	someone else?	Yes	No	
Your Name:		Phone Nu	mber:		
Relationship to Registra	unt (registrant is the at	-risk resident): <sub>-</sub>			
Registrant Information	n:				
Registrant Last Name:	SOAL	_First Name: _			<b>M.I</b> .:
Date of Birth:	Ger	nder:	Race:		
Height:					
Driver's License #:	PIFI	NS OFF	_ DL State:		
Address:		IL.			
City, State & Zip:					
Home Phone:	Cell Phone: _		_ Email:		
Eye Glasses: Yes	No	Braces: Yes	1	No	
Reg	istrant's Tattoos, Sca	ars, Marks, and	l/or Identifi	<u>ers</u>	

Registrant's Vehicle Information
License Plate Number:
Make:
Model:
Color:
Registrant's Favorite Places to Visit
Registrant's Likes/Dislikes
Habits of Registrant
Registrant's Previous Home Address (Include City/State)

Registrant's Previous Work Address (Include City/State)	
Registrant's Physician Name and Phone Numbers	
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Registrant's Medical Diagnosis	
Registrant's Medications	
Has Registrant been missing before?	
Yes: No:	
If yes, where were they located and when?	

## **Emergency Contact Information**

Name	Relation	Relationship to Registrant		
Home Phone	Cell Phone	Other Phone		
Address	City	Zip		
e emergency contact ma	y also be contacted if emergency j into a residence*	personnel need to make		
	into a residence			
	into a residence			
	into a residence			
Kendall County Sheriff's				