



# Norfolk Sheriff's Office

## CAPIAS ARREST REQUEST FORM



To request a physical arrest on a capias please submit this form along with your original unexpired capias. Please provide as much of the following information as possible. Please use the additional information section to provide any other information you believe may be of assistance. If possible please include a photograph of the defendant.

### PLAINTIFF INFORMATION

NAME: \_\_\_\_\_  
 Street \_\_\_\_\_ City/Town \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

### DEFENDANT(s) INFORMATION

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_  
 Phone \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_  
 Street: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 SSN: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
 Alias(if applicable): \_\_\_\_\_

### Alternate Addresses

Street: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Street: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

### EMPLOYMENT

Company Name: \_\_\_\_\_  
 Street: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_

### VEHICLE INFORMATION

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Reg: \_\_\_\_\_ Color: \_\_\_\_\_

**BALANCE OWED:** \_\_\_\_\_

Additional Information: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

PLEASE MAIL THIS FORM ALONG WITH YOUR ORIGINAL CAPIAS AND \$500.00 RETAINER TO P.O. BOX 699245 QUINCY, MA 02269. ALTERNATIVELY YOU MAY DROP OFF THE SERVICE AT OUR OFFICE AT 181 PARKINGWAY QUINCY MA. FOR QUESTIONS OR IF THIS IS AN URGENT SERVICE PLEASE CALL 781-326-1787