



# NORFOLK SHERIFF'S OFFICE

## CAPIAS ARREST REQUEST FORM

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

### PLAINTIFF INFORMATION

Name \_\_\_\_\_  
Street \_\_\_\_\_ City/Town \_\_\_\_\_ Zip \_\_\_\_\_  
Phone (REQUIRED) \_\_\_\_\_ Cell \_\_\_\_\_  
Email \_\_\_\_\_

### DEFENDANT INFORMATION

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_  
Date of Birth \_\_\_\_\_ SSN# \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_  
Alias (if applicable) \_\_\_\_\_

### Defendant Contact Information

Street \_\_\_\_\_ City/Town \_\_\_\_\_ Zip \_\_\_\_\_  
PHONE \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

### Alternate Addresses

Street \_\_\_\_\_ City/Town \_\_\_\_\_ Zip \_\_\_\_\_  
Street \_\_\_\_\_ City/Town \_\_\_\_\_ Zip \_\_\_\_\_

### Vehicle(s)

Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Reg# \_\_\_\_\_ Color \_\_\_\_\_

### Company Name

Street \_\_\_\_\_ City/Town \_\_\_\_\_ Zip \_\_\_\_\_  
PHONE \_\_\_\_\_

**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 PLEASE CALL 781-326-1787**