

Suffolk Sheriff's Office

CAPIAS ARREST REQUEST FORM



To request a physical arrest capias, please submit this form with your original unexpired capias. Please provide as much of the following information as possible. Please use the additional information section to provide any further information you may 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/Town _____ Zip _____
SSN: _____ Height: _____ Weight: _____
Alias(if applicable): _____

Alternate Address

Street _____ City/Town _____ Zip _____
Street _____ City/Town _____ 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 RETAINER TO 132 PORTLAND STREET, BOSTON, MA 02114. ALTERNATIVELY YOU MAY DROP OFF THE SERVICE AT OUR OFFICE AT THE PORTLAND STREET ADDRESS. FOR QUESTIONS OR IF THIS IS AN URGENT SERVICE PLEASE CALL 617-704-6999