

Civil Process Information

Please print clearly and use a separate sheet for each **person** to be served.

NAME OF PERSON BEING SERVED: _____

Home Address: _____ City _____ Zip _____

Telephone Numbers:(H) _____ (W) _____ (C) _____

Work Address: _____ City _____ Zip _____

Name of Employer: _____ Work Hours: _____

Alternate Address(family member, friend, 2nd job) _____

Best time to Serve: _____ Any Additional Information Pertaining to Location
of Service: _____

Race: _____ M or F Date of Birth or Approx. Age _____ Height _____ Weight _____

Eye Color _____ Hair Color/Style _____ Facial Hair _____

Type of Vehicle _____ License Plate #: _____

Color of Vehicle _____ 2nd Vehicle(if any possible) _____

Do you believe this person will be difficult to find/serve? Yes No

Do you believe this person could be dangerous or violent? Yes No

Any additional information about service of process on this person? _____

Name for Return of Service: _____

Contact name if above is a company: _____

Your Address for Return: _____ City: _____

State: _____ Zip: _____ Phone Numbers:(W) _____ (C) _____

How would you like us handle the Return of Service?

____ Mail Original Back to You?

____ Hand Delivery Original Back to You?

____ File Original With Clerk and Hand Deliver File-Stamped Copy Back to You?

____ Other? _____