

CIVIL PROCESS FOR SERVICE

DEFENDANT (Person we are serving)

Name _____

Address _____

City _____

Phone _____ Cell _____

SSN _____ DOB _____

DEFENDANT'S EMPLOYMENT

Company _____

Address _____

Department _____

Hours _____ Days _____

DEFENDANT'S PHYSICAL DESCRIPTION

Race _____ Age _____ Sex _____

Height _____ Weight _____

Hair _____ Eyes _____

Other _____

DEFENDANT'S AUTO

Make _____ Model _____

Color _____ Year _____

License # _____

Other Info _____

DEFENDANT INFO. FOR OFFICER SAFETY

Alcohol Use _____ Drug Use _____

Violent Temper _____

Dogs on Property _____

Weapons in house _____ Weapons in car _____

PLAINTIFF (Your Information – the defendant will not see this information.)

Name _____ DOB _____

Mailing Address _____

City _____ Zip _____

Phone _____ Cell _____

For Deputy Use Only

By	Person Served	Address Served	Date/Time	Served
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____