OFFICE USE ONLY

INV. #

CIVIL PROCESS INFORMATION SHEET

* List any of the following information you may have on the subject, if unknown leave space blank.
* Please print clearly and use a separate form for each person to be served.

PERSON TO BE SERVED_____

HOME ADDRESS_____CITY_____ZIP_____

BEST TIME TO BE SERVED_____

TELEPHONE NUMBERS (H)_____(W)_____(C)_____

WORK ADDRESS_____CITY_____ZIP_____

COMPANY NAME_____

WORK HOURS (BEST TIME TO SERVE AT WORK)_____

ALTERNATE ADDRESS (FAMILY, FRIEND, OR JOB SITE)_____

_____

RACE_____SEX M F DATE OF BIRTH OR APPROX. AGE_____

HEIGHT_____WEIGHT_____EYES_____HAIR_____

BEARD?_____MUSTACHE?_____TATTOOS AND/OR SCARS?_____

TYPE OF VEHICLE_____LICENSE PLATE #_____

COLOR_____YEAR_____ANY WARRANTS?_____

ANY KNOWN WEAPONS?_____IS PERSON USING DRUGS OR ALCOHOL?_____

ADDITIONAL INFORMATION OR SPECIAL INSTRUCTIONS FOR SERVICE OF PROCESS:

Is this Personal Service?_____Is Substitute Service acceptable?_____

Is this a Rush Job that is needed within 72 hours? (Additional Rush Fee will apply)_____

Is this an Emergency Job that is needed within 24 hours? (Additional Emergency Fee will apply)_____

NAME OF LAW FIRM/INDIVIDUAL: _____