

**CIVIL PROCESS INFORMATION SHEET
(FOR SHERIFFS DEPARTMENT USE ONLY)**

NAME OF PERSON BEING SERVED _____

AKA (ALSO KNOWN AS, NICKNAMES) _____

DATE OF BIRTH _____ AGE _____ HEIGHT _____ WEIGHT _____

RACE _____ FEMALE _____ MALE _____ EYE COLOR _____

TYPE OF SCAR(S) / PIERCINGS _____

TYPE OF WEAPON(S) _____ DOGS: _____

MAKE / MODEL / COLOR OF VEHICLE(S) _____

PHONE NUMBER(S) _____

**EACH ADDRESS WILL BE CHARGED A SEPARATE MILEAGE FEE
(NON-REFUNDABLE)**

1. _____
STREET ADDRESS, CITY, STATE AND ZIP CODE

BEST TIME TO SERVE: _____

| Single family home | Apartment Complex | Business |
|--------------------|------------------------|---------------------------------------|
| Yes _____ No _____ | Yes _____ Apt. # _____ | Yes _____ No _____ What Type _____ |

ADDITIONAL COMMENTS: _____

2. _____
STREET ADDRESS, CITY, STATE AND ZIP CODE

BEST TIME TO SERVE: _____

YOUR INFORMATION

NAME _____

ADDRESS _____ CITY _____ STATE _____

PHONE NUMBER _____ E-MAIL ADDRESS _____