



**CIVIL PROCESS INFORMATION SHEET**

*Address must be complete / correct; post office box numbers are not adequate. Apartment, building and unit numbers are required.*

Serve to: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye color: \_\_\_\_\_

Nicknames / Aliases: \_\_\_\_\_

- | <u>Hair color</u>               | <u>Length</u>                     | <u>Hair style</u>                 | <u>Features</u>                    |
|---------------------------------|-----------------------------------|-----------------------------------|------------------------------------|
| <input type="checkbox"/> brown  | <input type="checkbox"/> buzz     | <input type="checkbox"/> straight | <input type="checkbox"/> glasses   |
| <input type="checkbox"/> black  | <input type="checkbox"/> short    | <input type="checkbox"/> wavy     | <input type="checkbox"/> unshaven  |
| <input type="checkbox"/> blonde | <input type="checkbox"/> shoulder | <input type="checkbox"/> curly    | <input type="checkbox"/> mustache  |
| <input type="checkbox"/> red    | <input type="checkbox"/> long     | <input type="checkbox"/> bald     | <input type="checkbox"/> goatee    |
| <input type="checkbox"/> gray   | <input type="checkbox"/> _____    | <input type="checkbox"/> _____    | <input type="checkbox"/> beard     |
| <input type="checkbox"/> _____  |                                   |                                   | <input type="checkbox"/> piercings |

Home street address: \_\_\_\_\_  
\_\_\_\_\_

City / State / Zip: \_\_\_\_\_

Telephone & Cell Number: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Scars / Marks / Tattoos (describe): \_\_\_\_\_  
\_\_\_\_\_

Address of Employment: \_\_\_\_\_  
\_\_\_\_\_

Vehicle Description / License plate: \_\_\_\_\_  
\_\_\_\_\_

Employment Phone: \_\_\_\_\_

Work hours / days: \_\_\_\_\_

Date of Birth / age: \_\_\_\_\_

Driver's License #/State: \_\_\_\_\_ Sex:  M / F

<i>Sheriff's Office Use Only</i>	
Number of days to attempt Service:	_____
ZONE# _____ \$ _____ x _____ DAYS = \$ _____	

**Processing & mileage fees required at the time of request for service. Personal service is not guaranteed on eviction proceedings.**

Your Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Your Home / Mailing Address: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

*Your signature acknowledges that you assume responsibility for and agree to pay any and all fees associated with the service and / or attempted service of this civil process.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_