PAPER SERVICE INFORMATION SHEET

To the Petitioner/Submitter :	:				
Court Date:	Court Time:		Court Case #:		
You are requested to provide, to the best of your ability, the following information. Some information is mandatory, other is helpful and necessary. This will assist the sheriff's department in the administration of your petition.					
PLEASE PRINT CLEARLY					
Information on Person to be Served					
Paper Service For: Name		Date of Birth or Age:			
Nickname/Alias:			_		
Sex: Race:	Height:	Weight:	Eyes:	Hair:	
Scars, marks or tattoos:	_	_			
Present Address:			Phone #:		
City, State, Zip:					
Temporary Address:			Phone #:		
City, State, Zip:					
Vehicle Info.:			Color:		
Place of Employment and Address:	:				
Shift/Hours:	Work Phone:				
Suggested time to serve papers:					
Comments:					
******COMPLETE FOR DOMESTIC ABUSE SERVICE ONLY*****					
Does the Respondent poss Where are firearms stored?				w many?	
NOTE: It is understood that all information may not be available to you, however, all information you provide will assist us in the service of your papers.					
					
Billing Information					
Your Name:					
Date of Birth: S	Sex:	Race:	Phone #:		
Present Address:					
Complete if different than above, S	END BILL TO:				