

**DO NOT SERVE THIS FORM ON THE DEFENDANT. DESTROY WHEN SERVED.**

Notice: This form will be used by the agency that will serve your court documents. Be accurate and complete when filling out this form. Without this information, your documents may not get served.

**THIS FORM IS CONFIDENTIAL AND WILL NOT BE GIVEN TO THE DEFENDANT.**

Plaintiff _____ v. Defendant _____	Case No. _____ Date Issued _____	<b>SERVICE OF PROCESS INFORMATION FORM</b>
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Your name	Email
Address	Main phone _____ *Cell _____
City, State, ZIP	*Will you accept text messages on this cell or at another number? <input type="checkbox"/> Yes <input type="checkbox"/> No Alternate number _____

**DEFENDANT'S INFORMATION (person you want to be served)**

Defendant's name	Birthdate _____ <input type="checkbox"/> Actual <input type="checkbox"/> Estimated
Address _____ <i>include apartment and building number</i>	Does Defendant need an interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, language needed _____
City, State, ZIP	Does Defendant live with you now? <input type="checkbox"/> Yes <input type="checkbox"/> No
Apartment complex name	

Sex	Race	Height	Weight	Eye color	Hair color	Driver license #	State	Expiration date

Defendant's ethnicity is:  Hispanic  Not Hispanic

Company/work name	Work phone
Work address City, state, ZIP	
Work hours	Normal days off
Best time at work	Best time at home
Other places Defendant goes	Days/times most likely to be there
Vehicle year/make/color	License plate/state

Distinguishing features, scars, tattoos, marks (and location):

Is Defendant  violent toward police  drug user  heavy drinker  mentally ill  
 on probation/parole > Probation officer name/phone: \_\_\_\_\_

Does Defendant *carry*  a gun  a knife?  
Does Defendant *have*  a gun  a knife?

Location of weapons now \_\_\_\_\_