

Instructions to Complete the Service of Process Information Form

INFORMATION ABOUT THE DEFENDANT

The **DEFENDANT** is the person from whom you are seeking protection. (You are the **plaintiff**.)

Your protective order must be served on the **DEFENDANT** by law enforcement or a process server to be in effect. After service, the order is enforceable by law enforcement.

You can help get your protective order served by giving more information about the **DEFENDANT** on the Service of Process Information Form. This will help law enforcement or a process server find the **DEFENDANT** and serve your order. The information you provide on the Service of Process Information Form is confidential.

When you are ready to have your order served, please give the Service of Process Information Form to law enforcement or a process server, along with a copy of the petition, the protective order, the Defendant's Guide Sheet, and the Declaration of Service. The court should provide you with copies of all these forms before you leave the courthouse.

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 (Your Name/*Su Nombre*)
vs.

Case No.

**SERVICE OF
PROCESS
INFORMATION
FORM**

Defendant

Date Issued

Your name (*Su Nombre*): _____

Your home address/city/state/zip: _____
(*Dirección/Ciudad/Estado/Código Postal*)

Safe phone number for you: _____ Other safe phone number for you: _____
(*Numero de Teléfono Seguro*) (*Otro Numero de Teléfono*)

DEFENDANT INFORMATION (Person you want served)

Does the defendant need an interpreter? [] Yes [] No Language _____

Is the defendant currently living with you? [] Yes [] No

Defendant's name (*Nombre*): _____

Defendant's home address/city/state/zip: _____
(*Dirección/Ciudad/Estado/Código Postal*)

Apartment name: _____

Company/work name/address/city/state/zip: _____

Work phone: _____ Work hours: _____ Normal days off: _____

Best time at home: _____ Best time at work: _____

Other places Defendant goes; days or times most likely to be there _____

Vehicle year/make/color: _____ License plate and state: _____
(*Vehículo Año/Modelo/Color*)

Distinguishing features/scars/tattoos/marks: _____
(*Características distintivas, tatuajes, marcas*)

Is Defendant: [] violent toward police [] drug user [] heavy drinker [] mentally ill [] on probation/parole

Does Defendant: [] carry a gun or a knife [] have a gun or a knife

Location of weapons now _____