

Civil Unit Service Information Sheet

DATE: _____

****If serving more than one party, please complete additional service information sheets**

Sheriff's Use Only

Service # _____ Ct Date _____ Serve Date _____

Plaintiff/Petitioner _____ Defendant/Respondent _____
Court Case # _____ Type of Service (circle): Personal / Substitute
Court /Hearing date (if any): _____

For Service on an Individual

Party to be Served: First _____ Last _____
Home Address _____
Work Address _____ Workdays/hours _____
Personal Phone # _____ Work # _____
Physical Descriptors (date of birth, etc...) _____

For Service on a Business

Business to be Served _____ Business # _____
Name/Title of person to be served on behalf of business _____
Business Address _____

Service Information

Best time for Service _____
Possible Hazards: (circle) Guns / Knives / Dogs / Locked Gates / No Trespass Signs / Officer Safety
Any other important information (vehicle, etc...) _____

List each document for service including number of pages for each:

1. _____ # of pages _____
2. _____ # of pages _____
3. _____ # of pages _____
4. _____ # of pages _____
5. _____ # of pages _____
6. _____ # of pages _____

(please use additional sheet as needed)

Total # of documents attached: _____

Total # of pages: _____

Your Contact Information

Name or Business Name _____
Mailing Address _____
Telephone # _____ Email (if paying by Credit Card) _____

Sheriff's Use Only

Service /Return fee: _____ Cash _____ Check _____ Credit Card _____
E-request/# of pages fee: \$ _____ Check Number _____
Mileage fee:\$ _____ Receipt/Conf # _____
Total deposit amount : \$ _____ Refund (if any): \$ _____