

**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  
vs.

\_\_\_\_\_  
Case No.

**SERVICE OF  
PROCESS  
INFORMATION  
FORM**

\_\_\_\_\_  
Defendant

\_\_\_\_\_  
Date Issued

Your name: \_\_\_\_\_

Your home address/city/state/zip: \_\_\_\_\_

Safe phone number for you: \_\_\_\_\_ Other safe phone number for you: \_\_\_\_\_

**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: \_\_\_\_\_

Defendant's home address/city/state/zip: \_\_\_\_\_

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: \_\_\_\_\_

Distinguishing features/scars/tattoos/marks: \_\_\_\_\_

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: \_\_\_\_\_