

FAILURE TO COMPLETE THE FOLLOWING
MAY DELAY SERVICE AND COULD INCUR ADDITIONAL FEES.

SERVICE INFORMATION SHEET

NAME OF RESPONDENT: _____

NAME RESPONDENT GOES BY: _____

RESIDENCE ADDRESS: _____

NAME OF APARTMENT COMPLEX (If Applicable) _____

BEST HOURS AT HOME: _____

TELEPHONE NUMBER: () _____ - _____ () _____ - _____
Home Mobile

EMPLOYER'S NAME: _____

EMPLOYER'S ADDRESS: _____

WORK HOURS: _____ .m. SHIFT: 1ST 2ND 3RD 4TH

(Circle If Applicable)

WORK TELEPHONE #: () _____ - _____ Extension _____

PHYSICAL DESCRIPTION:

HEIGHT: _____ WEIGHT: _____ lbs AGE: _____

RACE/COLOR: _____ EYE COLOR: _____

HAIR COLOR: _____ (short/long) (straight/wavy/curly)

BODY BUILD: (Small/Medium/Large)

NOTICEABLE CHARACTERISTICS: (glasses/beard/mustache/scars/tattoos)

AUTOMOBILE DESCRIPTION:

YEAR & MAKE: _____ MODEL: _____

LICENSE NO: _____ COLOR: _____

DESCRIBE BODY DAMAGE, TINTED WINDOWS, USUAL BUMPER STICKERS, ANTENNAS): _____

Will Respondent evade service? Yes No

Could the Respondent be potentially dangerous to the process server? _____

If yes, explain: _____

My name is _____

MY TELEPHONE NUMBER: () _____ - _____ () _____ - _____ () _____ - _____
Home Mobile Work

** It is imperative that the possibility of having the Respondent served is NOT discussed as this often intimidates the person into "hiding" and creates unnecessary complications for you, my office, and the official attempting to serve the Respondent.