



Paul A. Pastor, Jr., Sheriff

SERVICE INFORMATION FORM

Please type or print clearly so we can follow your instructions. Complete **a form for each person** to be served.

Legal Serve-by Date _____

Plaintiff/Petitioner _____ Defendant/Respondent _____

Court Name _____ Court case # _____

FOR SERVICE ON AN INDIVIDUAL

Party to be Served: First _____ M.I. _____ Last _____

Date of Birth and/or Age _____

Physical description: Sex _____ Race _____ Height _____ Weight _____ Hair _____ Eyes _____

Home Address _____

Employer Address _____ Work days/hours _____

Home Phone _____ Cell Phone _____ Work Phone _____

Driver's License # _____ Social Security # (JBLM services only) _____

FOR SERVICE ON A BUSINESS

Business to be Served _____ Business Ph. _____

Name/Title of person to be served on behalf of business _____

Address of Business to be Served _____

SERVICE INFORMATION

Best time for service (Deputies Work Daytime, Weekday Hours) _____

Is personal service required? Circle one: Y/N Is it OK to leave documents with another resident? Circle One: Y/N

Possible Hazards: (circle) guns knives dogs substance abuse mental illness

Any other important information _____

YOUR CONTACT INFORMATION

Name or Business Name _____

Contact Person if a Business _____

Mailing address _____

Home Ph. _____ Work Ph. _____ Cell Ph. _____ Email _____