DOUGLAS COUNTY SHERIFF'S OFFICE **CIVIL PROCESS INFORMATION SHEET**

Received By:

- * List any of the following information you may have on the defendant, if unknown leave space blank.

 * Address for service MUST be in Douglas County. Please print clearly and use a separate form for each person to be served.

PERSON TO BE SERVED			
HOME ADDRESS			
BEST TIME TO SERVE			
TELEPHONE NUMBERS (H)	(W)	(C)	
WORK ADDRESS	CITY	ZIP	
COMPANY NAME			
WORK HOURS (BEST TIME TO SERVE)			
ALTERNATE ADDRESS (friend, family, or job site)			
RACE	_ M F DATE OF BIRTH OR AP	PROX. AGE	
HEIGHT WEIGHT	EYES	HAIR	
BEARD? MUSTACHE?			
TYPE OF VEHICLE	LICENSE PLATE NUMBER		
COLORYEAR	ANY WARRANTS?		
ANY KNOWN WEAPONS?	ANY KNOWN WEAPONS? IS PERSON USING DRUGS OR ALCOHOL?		
YOUR NAME FOR RETURN OF SERVICE		DOB	
EMAIL ADDRESS			
(IF THE NAME ABOVE IS A COMPANY, LIST A CONTACT	Γ NAME)		
YOUR ADDRESS FOR RETURN			
YOUR CITY	STATE	ZIP	
YOUR TELEPHONE NUMBERS (H)	(W)	(C)	
INDICATE YOUR PREFERENCE FOR RETURN OF SERVICE	CE: HOLD FOR PICKUP? MAII	L? EMAIL?	
TEMPORARY PROTECTION ORDE	RS ONLY		
DO YOU WANT TO BE CALLED WHEN ORDER IS SERV	/ED? YES NO PHONE NUMB	ER TO CALL	
IS PERSON TO BE REMOVED FROM HOME? YES	NO		
If yes, the court may have awarded the person a 15-minute cive the home, this will be done at the time of service. If served awarded the person a 15-minute cive the home, this will be done at the time of service.			
DO YOU WISH TO BE PRESENT DURING THE CIVIL AS	SIST? VES NO		