

IDENTITY SHEET FOR CIVIL PROCESS/PAPER SERVICE

To the **Petitioner/Submitter**: Court Date: _____ Court Time: _____ Court Case # _____

You are requested to provide, to the best of your ability the following information: Some information is mandatory, other is helpful and necessary. This will assist the Court, the Clerk of Courts, and the Sheriff's office in the administration of your petition. ***Please Print Clearly***

INFORMATION ON PERSON TO BE SERVED

Paper Service for: Name _____ **Date of Birth** _____ or **Age** _____
(Last Name) (First Name) (Middle Initial)

Nickname/or Alias _____ **Sex** ___ **Race** ___ **Height** _____ **Weight** _____ **Eye** ___ **Hair** ___
Marks, scars or tattoos _____ **Social Security #** _____

Present address _____ **Phone #** _____
(Street Address)

(City) (State) (Zip)

Temporary address _____ **Phone #** _____
(Street Address)

(City) (State) (Zip)

Vehicle _____ **Color** _____ **DL#** _____ **State of Driver's License** ___

Place of Employment _____
(Name) (Address)

Shift/Hours _____ **Work Phone** _____

Suggested time to serve papers _____

COMMENTS _____

*****COMPLETE FOR DOMESTIC ABUSE SERVICE ONLY*****

Does the Respondent possess any firearms? Yes ___ No ___ How many? ___ Where are firearms stored? _____

NOTE: It is understood that all information may not be available to you. However, all information you provide will assist us in the service of your papers.

BILLING INFORMATION

Your Name _____
(Last Name) (First Name) (Middle Initial)

Date of Birth _____ **Sex** ___ **Race** ___ **Present Address** _____

Phone # _____

Complete if different than above, **SEND BILL TO:** _____

Address _____
(Street Address) (City) (State) (Zip)