

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 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.

RETURN INFORMATION - - REQUIRED

(This is who the proof of service will be returned to)

PERSON REQUESTING SERVICE:

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

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

_____ **Phone #** _____

***** If you have questions about service in Jefferson County, please contact the Jefferson County Sheriff's Civil Process Department at (920)674-7339.*****