

MOFFAT 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 Moffat County. Please print clearly and use a separate form for each person to be served.

PERSON TO BE SERVED _____
HOME ADDRESS _____ CITY _____ ZIP _____
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 APPROX. AGE _____
HEIGHT _____ WEIGHT _____ EYES _____ HAIR _____
BEARD? _____ MUSTACHE? _____
TYPE OF VEHICLE _____ LICENSE PLATE NUMBER _____
COLOR _____ YEAR _____ ANY WARRANTS? _____
ANY KNOWN WEAPONS? _____ IS PERSON USING DRUGS OR ALCOHOL? _____

ADDITIONAL INFORMATION OR SPECIAL INSTRUCTIONS FOR SERVICE OF PROCESS: _____

Notarized Return Yes No (we do not generally notarize Returns unless requested)

YOUR NAME FOR RETURN OF SERVICE _____ **DOB** _____
EMAIL ADDRESS _____
(IF THE NAME ABOVE IS A COMPANY, LIST A CONTACT NAME) _____
YOUR ADDRESS FOR RETURN _____
YOUR CITY _____ STATE _____ ZIP _____
YOUR TELEPHONE NUMBERS (H) _____ (W) _____ (C) _____
INDICATE YOUR PREFERENCE FOR RETURN OF SERVICE: HOLD FOR PICKUP MAIL EMAIL

TEMPORARY PROTECTION ORDERS ONLY
DO YOU WANT TO BE CALLED WHEN ORDER IS SERVED? YES _____ NO _____ PHONE NUMBER TO CALL _____