

SERVICE OF PROCESS INFORMATION SHEET

The following information is furnished to assist in the location and identification of the person designated for service of process:

(RESPONDENT IS THE PERSON YOU NEED PROTECTION FROM:)

RESPONDENT'S

NAME: _____, SS# _____

ALIAS (NICKNAME) _____ AGE: _____ HEIGHT: _____ WEIGHT: _____

SEX: _____ RACE: _____ COMPLEXION: _____ DOB: _____

HAIR STYLE: _____ LENGTH: _____ COLOR: _____

PLEASE CIRCLE ANY THAT APPLY: GLASSES BEARD MUSTACHE MISSING FRONT TEETH

USUAL MODE OF DRESS AT WORK: _____

USUAL MODE OF DRESS OFF DUTY: _____

UNUSUAL MARKING ON BODY (TATOOS, SCARS, BIRTHMARKS)

HOME ADDRESS: _____ PHONE: _____

CITY: _____ STATE: _____ ZIP: _____

OTHER OCCUPANTS: _____ RELATION: _____

BUSINESS ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

NAME OF BUSINESS: _____

BUSINESS HOURS: _____ PHONE: _____

DEPARTMENT: _____ SUPERVISOR'S NAME: _____

CAR MAKE: _____ MODEL: _____ YEAR: _____

COLOR(S): _____ UNUSUAL MARKINGS ON CAR: _____

OTHER KNOWN DRIVERS _____ RELATION: _____

KNOWN OUTSTANDING WARRANTS: _____

FOR WHAT: _____ KNOWN PAST ARRESTS: _____

WHAT CHARGE: _____ CONVICTIONS: _____

PAROLE: _____ PROBATION : _____

PAROLE: _____ PAROLE OFFICER'S NAME: _____

KNOWN SERIOUS MENTAL PROBLEMS: _____

ALCOHOL PROBLEMS: _____ VIOLENCE: _____

WEAPONS: _____

ATTORNEY'S NAME: _____ PHONE: _____

IF THERE ARE ANY PROBLEMS LOCATING SUBJECT PLEASE CALL:

COMPLAINANT'S NAME: _____

WORK PHONE: _____ HOME PHONE: _____

HOME ADDRESS : _____

WORK ADDRESS: _____

NAME OF BUSINESS: _____

OTHER CONTACTS: LIST NAME, ADDRESS, PHONE #, RELATION, AND OTHER HELPFUL INFO.

PHOTO MAY NOT BE RETURNED