

THE INFORMATION SUBMITTED ON THIS SHEET IS THE ONLY INFORMATION THE DEPUTY WILL HAVE IN SERVING YOUR PAPERWORK. **PLEASE WRITE AS MUCH INFORMATION AS POSSIBLE.**

(THIS INFORMATION WILL BE KEPT CONFIDENTIAL!/ESTA INFORMACION ES CONFIDENCIAL!)

PERSON REQUESTING SERVICE/PERSONA PIDIENDO

Your NAME/NOMBRE: _____

Your MAILING ADDRESS/DIRECCION: _____

CITY/CIUDAD: _____ STATE/ESTADO: _____ ZIP/CODIGO POSTAL: _____

Your DAY PHONE NUMBER/NUMERO DE TELEFONO: (_____) _____

Your IDENTIFICATION #: _____ STATE/ESTADO: _____ EXP. DATE _____

Your D.O.B./FECHA DE NACIMIENTO: _____

****Note: please keep identification out for verification/ Por favor mantenga identification disponible para verification****

PERSON BEING SERVED/PERSONA RECIBIENDO LA

NAME/NOMBRE: _____

HOME ADDRESS/DIRECCION: _____ APT/SPACE # _____

CITY/CIUDAD: _____ ZIP/CODIGO POSTAL: _____ GATE CODE# _____

PHONE/TELEFONO: (_____) _____ CELLULAR/PAGER: (_____) _____

HEIGHT/ALTURA: _____ WEIGHT/PESO: _____ RACE/REDA: _____ D.O.B./FECHA DE NACIMIENTO: _____

EYE COLOR/COLOR de OJOS: _____ HAIR COLOR/COLOR de PELO: _____

DISTINGUISHING FEATURES/CARACTERISTICAS DISTINTIVAS: _____

(Scars, Tattoos, Marks/Tatuajes, Marcas) Photo may be enclosed for Process Service/Una Photo Puede Ser Incluyida

Where do they work?

Employer/PATRON: _____

Address/DIRECCION DE EMPLEO: _____ City/CIUDAD: _____

Zip/CODIGO POSTAL: _____ Work Phone/TELEFONO DE EMPLEO: (_____) _____

Work Days & Hours/Horas Y Dias DE Trabajar: _____

CHECK ONE/ MARCA UNO: They work in an Office/OFICINA: They work different locations each work day:

Vehicle Description/Descripcion DEL Vehiculo:

License Plate #: _____

Make/Modelo: _____ Color: _____ Year/Año: _____

DOES THIS PERSON HAVE A HISTORY OF VIOLENCE? YES NO

ANY OTHER INFORMATION THE DEPUTY SHOULD BE AWARE OF, EXPLAIN/EXPLICA SI ESTA PERSONA TIENE UNA HISTORIA DE VIOLENCIA, INCLUYE INFORMACION QUE NOS AYUDARIA A ENTREGAR LA CITACION:

I UNDERSTAND THE FEES CHARGED BY THE SHERIFF'S OFFICE FOR SERVICE OF THESE DOCUMENTS.

(NO Fees are charged for Orders of Protection)

Signature _____

(Office use only)

Processed by _____ Date: _____