

Our detectives work *daytime, weekday* hours

PLEASE TYPE OR PRINT CLEARLY

Serve-by Date _____

Who is the Plaintiff/Petitioner?

Who is the Defendant/Respondent?

_____ v _____

Party to be Served (for a company, also list name of contact person if you know it):

Name/company _____	Contact @ company _____
Home Address _____	Home # _____
_____	Work # _____
Employer Name & address _____	Cell # _____
_____	E-mail _____

Date of Birth _____ **SS#** _____ **DL#** _____

Physical Description _____

Is there anything more we need to know?

Possible hazards: guns knives dogs substance abuse mental illness

Proof of Service and/or questions should be addressed to (YOUR information):

Name _____	Home # _____
Company _____	Cell # _____
Address/City/State/ZIP _____	Work # _____
_____	E-mail _____

**This information is available in alternative formats upon request.
TDD relay 1-800-833-6388**