

# Civil Process For Service

Date Received: \_\_\_\_\_

Client Is Responsible For Ensuring The Validity AND Completeness Of Documents Being Served

## DEFENDANT

Leave Blank If You Do Not Know The Information (Valid Address Is Required)

DEFENDANT CONTACT INFO	
Name	
Address	
City	
Phone	
DOB	

DEFENDANT'S AUTO			
Make		Model	
Color		Year	
License #			
Other Info:			

DEFENDANT'S EMPLOYMENT	
Company	
Address	
Department	
Schedule	

DEFENDANT INFO FOR OFFICER SAFETY			
Alcohol Use		Drug Use	
Violent Temper		Dogs On Property	
Has Weapons:	In House		In Car
Other/Unknown Location			

DEFENDANT'S PHYSICAL DESCRIPTION				
Race		Sex		Age
Height		Weight		
Hair		Eyes		
Other				

ANYTHING ELSE WE SHOULD KNOW

## PLAINTIFF

Your Information & Where Return Of Service/Non-Service Will Be Sent (Defendant Will NOT See This Information)

Name					DOB			
Mailing Address			City			State		Zip
Email Address						Preferred Method on Return of Service		
Home Phone			Cell Phone					
Do you want us to call you after papers are served?				Yes	No	Mailed	Emailed	Both

\*\*\*TCSO WILL PROVIDE CLIENT/PLAINTIFF RETURN OF SERVICE/NON-SERVICE. I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO SUBMIT THIS RETURN TO THE COURTS\*\*\*

Initials

--