

**PROCESS SERVICE INFORMATION FORM**

(PLEASE PRINT OR TYPE)

**LAST DATE TO SERVE** \_\_\_\_\_ **CAUSE NO.** \_\_\_\_\_ **COUNTY** \_\_\_\_\_ **COURT** \_\_\_\_\_

**NAME OF ENTITY/PERSON\* TO BE SERVED** \_\_\_\_\_

**NAME HE/SHE ANSWERS TO** \_\_\_\_\_ **DATE OF BIRTH** \_\_\_\_\_ **SSN** \_\_\_\_\_

**SERVICE ADDRESS** \_\_\_\_\_

**LATITUDE / LONGITUDE COORDINATES, IF DIFFICULT TO MAP** \_\_\_\_\_ , \_\_\_\_\_

**HOME PHONE** \_\_\_\_\_ **WORK PHONE** \_\_\_\_\_ **CELL PHONE** \_\_\_\_\_

**IS ADDRESS A BUSINESS? IF SO, NAME OF BUSINESS** \_\_\_\_\_

**EMPLOYER NAME** \_\_\_\_\_

**EMPLOYER ADDRESS** \_\_\_\_\_

**SPECIAL INSTRUCTIONS (Best time/location to serve, etc.)** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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**PHYSICAL DESCRIPTION**

Please circle all that apply: CAUCASION BLACK HISPANIC INDIAN ASIAN OTHER \_\_\_\_\_

MALE / FEMALE WEARS GLASSES? YES / NO HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_ AGE \_\_\_\_\_  
(CIRCLE ONE) (CIRCLE ONE)

HAIR COLOR \_\_\_\_\_ HAIR LENGTH \_\_\_\_\_ MUSTACHE / BEARD / GOATEE

TATTOOS OR IDENTIFYING MARKS \_\_\_\_\_

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**VEHICLE DESCRIPTION**

COLOR \_\_\_\_\_ MAKE \_\_\_\_\_ MODEL \_\_\_\_\_ TAG STATE \_\_\_\_\_ TAG NO. \_\_\_\_\_

IDENTIFYING MARKS \_\_\_\_\_

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**CLIENT INFORMATION**

NAME/FIRM \_\_\_\_\_ ARE YOU THE PLAINTIFF / PETITIONER? YES NO

FULL MAILING ADDRESS \_\_\_\_\_

EMAIL \_\_\_\_\_ PRIMARY PHONE \_\_\_\_\_ IS TEXTING OK? YES NO

HOW SHOULD I HANDLE THE EXECUTED RETURN OF SERVICE? (CIRCLE ONE)

SEND TO ME EFILE WITH THE COURT (\$15 FEE APPLIES)

\*If possible, please provide one or more photos of the person to be served.