

Civil Process Information Form

**CONFIDENTIAL INFORMATION- ATTENTION COURT STAFF:
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This document is not accessible to the public or to other parties.**

Does Defendant/Respondent reside in Brown County? Yes No

Request the Sheriff to serve? Yes No (If no, this form does not need to be completed)

Name of Person Being Served: _____

Address: _____

Home #: _____ Cell #: _____ Other #: _____

M/F: _____ DOB: _____ Race: _____ Height: _____ Weight: _____

Hair color: _____ Eye Color: _____ Beard/Mustache: _____

Vehicle Make/Model: _____ Color: _____ License Plate #: _____

Best time to serve at home address: _____

Work Information

Employer: _____

Address: _____

Work #: _____ Work Hours: _____

Please list any possible threats to the deputy. (e.g.: guns, dogs, etc.)

Additional Information

Please include any information that will help the deputy serve the papers.

Name of Person Requesting Service: _____

Mailing Address: _____

City/State/Zip: _____

Contact #: _____

FOR INTERNAL USE ONLY

COC Receipt #:	Date Received:	
Amount Paid:	Type of Payment:	Check#: