

**IDENTITY SHEET FOR CIVIL PROCESS/PAPER SERVICE**

To the **Petitioner/Submitter:** Court Date: \_\_\_\_\_ Court Time: \_\_\_\_\_ Court Case # \_\_\_\_\_

You are requested to provide, to the best of your ability the following information: Some information is mandatory, other is helpful and necessary. This will assist the Sheriff's office in the administration of your petition.  
**Please Print Clearly**

**INFORMATION ON PERSON TO BE SERVED**

**Paper Service for: Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_ or **Age** \_\_\_\_\_  
(Last Name) (First Name) (Middle Initial)

**Nickname/or Alias** \_\_\_\_\_ **Sex** \_\_\_ **Race** \_\_\_ **Height** \_\_\_\_\_ **Weight** \_\_\_\_\_ **Eye** \_\_\_ **Hair** \_\_\_\_\_  
**Marks, scars or tattoos** \_\_\_\_\_ **Social Security #** \_\_\_\_\_

**Present address** \_\_\_\_\_ **Phone #** \_\_\_\_\_  
(Street Address) \_\_\_\_\_  
(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

**Temporary address** \_\_\_\_\_ **Phone #** \_\_\_\_\_  
(Street Address) \_\_\_\_\_  
(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

**Vehicle** \_\_\_\_\_ **Color** \_\_\_\_\_ **DL#** \_\_\_\_\_ **State of Driver's License** \_\_\_\_\_

**Place of Employment** \_\_\_\_\_  
(Name) (Address)

**Shift/Hours** \_\_\_\_\_ **Work Phone** \_\_\_\_\_

**Suggested time to serve papers** \_\_\_\_\_

**COMMENTS** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*\*\*\*\*COMPLETE FOR DOMESTIC ABUSE SERVICE ONLY\*\*\*\*\***  
Does the Respondent possess any firearms? Yes \_\_\_ No \_\_\_ How many? \_\_\_ Where are firearms stored? \_\_\_\_\_  
\*\*\*\*\*

NOTE: It is understood that all information may not be available to you. However, all information you provide will assist us in the service of your papers.

**BILLING INFORMATION/PETITIONERS CONTACT INFO**

**Your Name** \_\_\_\_\_  
(Last Name) (First Name) (Middle Initial)

**Present Address** \_\_\_\_\_  
\_\_\_\_\_  
**Phone #** \_\_\_\_\_

Complete if different than above, **SEND BILL TO:** \_\_\_\_\_

**Address** \_\_\_\_\_  
(Street Address) (City) (State) (Zip)