



ADDRESS FOR SERVICE **MUST** BE IN JEFFERSON COUNTY  
Please complete to the best of your knowledge- leave blank anything you don't know.  
**PLEASE PRINT CLEARLY**

**PERSON/BUSINESS TO BE SERVED (DEFENDANT/RESPONDENT)**

Name: \_\_\_\_\_ Jr./Sr.  
Address: \_\_\_\_\_ Apt #: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Best time to serve: Morning / Afternoon / Evening  
Employer: \_\_\_\_\_ Position: \_\_\_\_\_  
Alt /Work Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Work Hours: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Approx. Age: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: M or F  
Hair color: \_\_\_\_\_ Eye color: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
Mustache \_\_\_\_\_ Beard \_\_\_\_\_ Goatee \_\_\_\_\_ Glasses \_\_\_\_\_ Tattoos \_\_\_\_\_  
Other Distinguishing marks: \_\_\_\_\_  
Vehicle: \_\_\_\_\_ Color: \_\_\_\_\_ License Plate: \_\_\_\_\_  
Any aggressive/vicious/playful animals: \_\_\_\_\_  
This person may (circle): *Be Violent Use Alcohol Use Drugs Avoid Service Have Warrants*  
**Does this person have weapons: YES / NO (Type: \_\_\_\_\_)**  
**Have a concealed carry permit: YES / NO**  
Does the person being served know the papers are coming? YES / NO  
Defendant's attitude toward law enforcement: \_\_\_\_\_

**YOUR INFORMATION (PETITIONER/PLAINTIFF, ATTORNEY)**

Name/Business Name: \_\_\_\_\_ If business, agent's name: \_\_\_\_\_  
Address: \_\_\_\_\_ Apt #: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Work phone: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Email: \_\_\_\_\_

How would you like your proof of services returned to you? MAIL / PICKUP IN OFFICE / EMAIL

**FOR TEMPORARY PROTECTION ORDERS ONLY**

Has this incident(s) been reported to your local police? **YES OR NO**  
Does the deputy have to remove the restrained party? **YES OR NO**