

SERVICE OF PROCESS INFORMATION SHEET

PHYSICAL DESCRIPTION OF RESPONDENT:

Respondents Name: _____
AKA (nick name): _____ DOB: _____ Age: _____
Sex: _____ Race: _____ Height: _____ Weight: _____
Place of birth: _____ Skin Color: _____ Eye Color: _____
Driver's License No. _____ Social Security No. _____
Hair Color: _____ Length/Style: _____

Visible Tattoos: _____
Visible Scars: _____
Moustache: _____ Goatee: _____ Beard: _____ Glasses: _____
Other features: _____

ADDRESS FOR RESPONDENT

Home Address: _____
Are you living here? _____
Home Phone Number: _____ Email: _____ Cell #: _____
Who is Respondent living with?: _____
Other Addresses Respondent might be at: _____

EMPLOYMENT FOR RESPONDENT

Place of Employment: _____
Address: _____
Phone Number: _____ Department: _____
Hours worked: _____ Supervisor: _____

VEHICLE DESCRIPTION

Make: _____ Model: _____ Year: _____ Color: _____
License Plate : _____
Unusual Markings: _____

OTHER

Does respondent own any firearms? _____ If does, are firearms in respondent's residence, vehicle, place of work? _____
Does respondent have convictions for violence, threats? _____
Does respondent have a mental health/MHMR history? _____

ANY OTHER ADDRESSES OR INFORMATION

Can the Deputy Contact you for any additional information if needed? _____
Home Phone: _____ Work Phone: _____ Other: _____