

SERVICE INFORMATION SHEET

NAME: _____

ADDRESS: _____

EMPLOYER: _____

ADDRESS: _____

WORK HOURS: _____

WEIGHT: _____

HEIGHT: _____

HAIR COLOR: _____

BUILD: _____

EYE COLOR: _____

SCARS/TATTOOS/ IDENTIFYING MARKS: _____

VEHICLE TYPE: _____

VEHICLE COLOR: _____

PHONE NUMBER: _____

COMMENTS: _____

PROCESS SERVER USE

PETITIONER: _____ RESPONDENT: _____

CAUSE NO. _____ COURT: _____

DATE: _____ TIME: _____ ADDRESS: _____

SUBSTITUTE SERVICE: YES / NO _____
