

**SERVICE OF
PROCESS
INFORMATION
FORM**

Plaintiff (Your Name/Su Nombre)

Case No.

vs.

Defendant

Date Issued

Your name (Su Nombre): _____

Your home address/city/state/zip: _____
(Dirección/Ciudad/Estado/Código Postal)

Safe phone number for you: _____ Other safe phone number for you: _____
(Numero de Teléfono Seguro) (Otro Numero de Teléfono)

DEFENDANT INFORMATION (Person you want served)

Does the defendant need an interpreter? Yes No Language _____

Is the defendant currently living with you? Yes No

Defendant's name (Nombre): _____

Defendant's home address/city/state/zip: _____
(Dirección/Ciudad/Estado/Código Postal)

Apartment name: _____

Company/work name/address/city/state/zip: _____

Work phone: _____ Work hours: _____ Normal days off: _____

Best time at home: _____ Best time at work: _____

Other places Defendant goes; days or times most likely to be there _____

Vehicle year/make/color: _____ License plate and state: _____
(Vehículo Año/Modelo/Color)

Distinguishing features/scars/tattoos/marks: _____
(Características distintivas, tatuajes, marcas)

Is Defendant: violent toward police drug user heavy drinker mentally ill on probation/parole

Does Defendant: carry a gun or a knife have a gun or a knife

Location of weapons now _____