

PAPER SERVICE INFORMATION SHEET

You are requested to provide the following information on the person you are serving. Please use one page for each person being served. **PLEASE PRINT CLEARLY!**

INFORMATION ON PERSON TO BE SERVED

Last Name First Name Middle Name DOB Age

Address Apt. No. City State Zip

Home Phone Cell Phone Social Security Number

Sex Race Height Weight Eyes Hair

Scars, Marks, Tattoos

Driver's License Number State

Vehicle Make Vehicle Model Vehicle Color

Plate Number State

Employer Name Employer Phone Number

Address City State Zip

Shift/Hours Suggested time to serve papers

Additional comments to assist deputy: _____

YOUR BILLING INFORMATION

Last Name First Name Middle Name DOB

Social Security Number Sex Race Phone Number

Address Apt. No. City State Zip

Driver's License Number State