



LAFAYETTE CO. SHERIFF'S OFFICE

CONFIDENTIAL CIVIL PROCESS WORKSHEET

**** MAY BE USED FOR ALL TYPES OF CIVIL PROCESS SERVICES ****

Your personal contact information is being collected for internal purposes and for personal notification of service only. Your information WILL NOT be shared with the subject of the civil process service or any other outside parties. The information will be treated as confidential and will be stored in a secure manner.

Today's Date: _____ Time: _____

YOUR Full Name: _____

YOUR Date of Birth: _____ **YOUR** Phone: _____

YOUR Address: _____

YOUR City: _____ **YOUR** State: _____ **YOUR** Zip: _____

Is the subject of this Restraining Order to be removed from his/her residence? _____

INFORMATION ON THE SUBJECT TO BE SERVED:

Name: (First) _____ (Middle) _____ (Last) _____

Date of Birth: _____ Phone #'s: _____

Street Address: _____ Apt./Lot# _____

City: _____ State: _____ Upper/Lower Level? _____

Description: Male ___ Female ___ Race: _____ Height: _____ Weight: _____ Hair Color: _____

Eye Color: _____ Other Distinguishing Features: _____

Best time and day(s) to serve: _____ Which door to use? _____

Employer Name & City: _____ Hours at work: _____

Below is Applicable for TEMPORARY RESTRAINING ORDERS AND INJUNCTIONS ONLY
Does subject carry/possess weapons? _____ Type: _____
Vehicle Make: _____ Color: _____ Style: _____ Plate# _____