

**** CONFIDENTIAL ****

OUTAGAMIE COUNTY SHERIFF'S DEPT – CIVIL PROCESS INFORMATION SHEET

Name of Person Being Served: _____

Address: _____ City/State/Zip _____

Phone #1 _____ Phone #2 _____

M / F: _____ Race: _____ DOB: ____ / ____ / ____ Physical Desc: _____

Vehicle Make/Model: _____ Color: _____ License Plate#: _____

Best time to serve at home address: _____

Work Information (For Person Being Served)

Employer: _____

Address: _____

Work #: _____ Work Hours: _____

Please list any possible threats to the deputy. (guns, dogs, etc.)

Additional Information

Please include any information that will help the deputy serve the papers.

Name of Person Requesting Service: _____ DOB _____

Address: _____ City/State/Zip _____

Phone #1: _____ Phone #2: _____

To be completed by Outagamie County Civil Process: _____ Service Fee Rcvd \$ _____

Fees Waived Cash/Rcpt # _____ Check # _____ CC ID# _____ Incident # _____