

## CIVIL SERVICE INFORMATION SHEET All addresses for service must be in adams county

Civil Unit Hours (Excluding Holidays and Weekends) Monday - Friday Office Hours: 8:00 AM - 4:45 PM For Service: 8:00 AM - 5:00 PM

## Please provide as much information as possible, ALL FIELDS MARKED WITH AN ASTERISK AND A RED BOX ARE REQUIRED INFORMATION

Your Name*:				Date of Birth*:			
Firs	t Middle	Last	Suffix				
Address*:					Apt.:		
Street			ate				
Home Phone Number*:			_ Cell Pho	Cell Phone Number*:			
E-Mail*:							
Defendent*:							
	Middle			Date of Birth*: _			
Home Address*: Apt.:							
Home Address*:	Street			A Zip Code	pt.:		
Home Phone Number*: Cell Phone Number*: Best Time to Serve*:							
Work Name: Work Address:							
					Hair Color:		
Vehicle Information: Make Year: Color: Type:							
Your Relationship to the Defendant:							
Does the Defendant know we're serving them this Order?:							
Does the Defendant currently have warrants for their arrest?:							
Continue on Page 2							

## CIVIL SERVICE INFROMATION SHEET

continued

CONFIDENTIAL	Your information for the R	CONFIDENTIAL					
Attorney/Plaintiff*:							
Address*:							
Street	City	State	Zip Code				
Phone Number*:	E-mail Address*:						
Additional Information:							
Although every effort	is made to service Court Orde guarantee the servio		ount of time, we cannot				
Any questions in regards to the service of your order, please contact the deputy assigned to your case. Please allow 24 to 48 business hours before contacting your assigned deputy.							
All Returns of Services	will be sent electronically, if y know. Only at your request		• •				