



Montrose County Sheriff's Office

CIVIL PROCESS INFORMATION SHEET

PLEASE COMPLETE AS MUCH OF THE BELOW INFORMATION AS YOU HAVE.

THIS SHEET MUST BE SUBMITTED WITH YOUR PAPERS TO BE SERVED.

IT IS FOR THE CIVIL OFFICER'S INFORMATION ONLY – IT IS NOT GIVEN TO THE PERSON BEING SERVED.

PERSON TO BE SERVED

THEIR NAME: _____ Jr. Sr.

DOB (or AGE if unknown): _____ RACE: _____ SEX: M F

HOME ADDRESS: _____
CITY/TOWN

PHONE NUMBERS: _____
CELL HOME OTHER

EMPLOYER NAME: _____ WORK PHONE: _____

EMPLOYER ADDRESS: _____
CITY/TOWN

BEST TIME TO SERVE: AT HOME: _____ AT WORK: _____

HAIR COLOR: _____ EYE COLOR: _____ HEIGHT: _____ MOUSTACHE GOATEE FACIAL HAIR COLOR: _____
WEIGHT: _____ FULL BEARD OTHER _____

VISIBLE TATTOOS: _____
LOCATION – DESIGN

VEHICLE(S): _____ LICENSE PLATE: _____
MAKE – COLOR – YEAR

ANY WEAPONS: _____
TYPES – QUANTITY – WHERE KEPT – ETC

THIS PERSON: MAY BE VIOLENT IS FIGHT OR COMBAT TRAINED USES DRUGS USES ALCOHOL MAY AVOID SERVICE MAY HAVE WARRANTS

OTHER INFO: ADDITIONAL PHYSICAL DESCRIPTIONS – KNOWN HABITS – ANIMALS OR OTHER PEOPLE WE MAY ENCOUNTER – ETC

YOUR INFO

YOUR NAME: _____

ADDRESS: _____
CITY, STATE, ZIP

MAILING ADDRESS: _____
IF DIFFERENT FROM ABOVE CITY, STATE, ZIP

PHONE NUMBERS: _____
CELL HOME OTHER

PROTECTION ORDERS

YOUR RELATIONSHIP TO RESTRAINED PERSON: _____

DOES THE PERSON KNOW WE ARE TRYING TO SERVE THEM THIS ORDER? YES NO

DOES THE DEPUTY NEED TO REMOVE THE RESTRAINED PERSON FROM YOUR HOME? YES NO

DOES RESTRAINED PERSON HAVE CHILDREN THE DEPUTY NEEDS TO RETURN TO YOU? YES NO

DO YOU NEED A PHONE CALL WHEN THE RESTRAINING ORDER HAS BEEN SERVED? YES NO