

**DENVER SHERIFF DEPARTMENT
CIVIL DIVISION
SERVICE INFORMATION FORM**

PLAINTIFF'S NAME: _____
ADDRESS _____
CITY, STATE, & ZIP _____
TELEPHONE NUMBER (HOME) _____ (CELLULAR) _____

PLEASE PROVIDE THE FOLLOWING INFORMATION ABOUT THE PERSON BEING SERVED

RESPONDENT'S NAME _____
ADDRESS _____
CITY, STATE, & ZIP _____
TELEPHONE NUMBER (HOME) _____ (CELLULAR) _____
EMPLOYERS NAME _____
EMPLOYERS ADDRESS _____
EMPLOYERS TELEPHONE _____ WORK HOURS _____

PHYSICAL DESCRIPTION OF RESPONDENT

() MALE () FEMALE DATE OF BIRTH _____
RACE _____ AGE _____ HEIGHT _____
WEIGHT _____ HAIR COLOR _____ EYE COLOR _____
GLASSES _____ BEARD _____ MUSTACHE _____

OTHER DISTINGUISHING MARKS _____

MAKE OF VEHICLE RESPONDENT DRIVES _____

VEHICLE COLOR _____ LICENSE PLATE NUMBER _____

DOES RESPONDENT HAVE ACCESS TO WEAPONS? YES _____ NO _____
DOES RESPONDENT HAVE OUTSTANDING WARRANTS? YES _____ NO _____
DOES RESPONDENT USE DRUGS OR ALCOHOL? YES _____ NO _____

ANY OTHER INFORMATION _____

