



Denver Sheriff Department | Civil Section

Information Sheet

Please Print Clearly

Print Your Name: _____
Mailing Address: _____ Apartment: _____
City: _____ State: _____ Zip Code: _____
Cell Phone: _____ Alternate Phone: _____

Print Defendant's Name: _____
Relationship to You: _____ Date of Birth: ____/____/____
Home Address: _____ Apartment: _____
City: _____ State: _____ Zip Code: _____
Phone: _____

Employer Name: _____ Work Hours: _____
Employer Address: _____ Work Phone: _____
City: _____ State: _____ Zip Code: _____
Best Time to Serve: _____

Description: Male _____ Female _____ Race: _____ Age: _____
Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____
Glasses _____ Beard _____ Tattoos _____
Vehicle Make: _____ Model: _____ Yr: _____ Color: _____ LIC: _____

If Business Only - Business to be Served:

Business Name to be Served: _____
Business Agent: _____
Business Address: _____
City: _____ State: _____ Zip Code: _____

Does respondent have access to weapons? Yes _____ No _____
Does respondent have outstanding warrants? Yes _____ No _____
Does respondent use drugs or alcohol? Yes _____ No _____

Additional Information:

