



Coconino County SHERIFF'S OFFICE

Jim Driscoll, Sheriff

FOR OFFICE USE ONLY
ID# _____
BADGE # _____

CIVIL PAPER SERVICE INFORMATION SHEET

INCLUDE AS MUCH INFORMATION AS POSSIBLE TO ASSIST US IN MAKING A SUCCESSFUL SERVICE

Please leave blank any information that is unknown

PERSON BEING SERVED:

FULL NAME _____
FIRST MIDDLE LAST

OTHER NAME (AKA) _____ APT _____

DATE OF BIRTH _____ OR APPROXIMATE AGE _____

HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____

MAJOR CROSS STREETS _____

OTHER ADDRESS _____

EMPLOYER ADDRESS _____

WORK DAYS & HOURS _____

HOME PHONE _____ CELL _____ WORK _____

EMAIL _____

VEHICLE _____
MAKE MODEL COLOR

PHYSICAL DESCRIPTION OF PERSON BEING SERVED:

HEIGHT _____ WEIGHT _____ HAIR COLOR _____ EYE COLOR _____ GLASSES _____

FACIAL HAIR _____ VISIBLE IDENTIFYING MARKS (TATTOOS, PIERCINGS, SCARS, ETC) _____

EXPLAIN ANY HISTORY OF VIOLENCE, MENTAL ILLNESS OR OTHER IMPORTANT INFORMATION _____

DO THEY POSSESS WEAPONS? YES NO

IS THE DEFENDANT AWARE OF THIS SERVICE? YES NO



"SERVICE TO COMMUNITY"



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MUST BE COMPLETED

ACCURATE INFORMATION MUST BE PROVIDED IN THE EVENT WE NEED TO CONTACT YOU FOR MORE INFORMATION TO COMPLETE THE SERVICE AND MAIL YOUR AFFIDAVIT OF SERVICE TO YOU

PERSON REQUESTING SERVICE:

FULL NAME _____
FIRST MIDDLE LAST

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE NUMBER _____ EMAIL _____

HOW WOULD YOU LIKE TO BE NOTIFIED WITH THE RESULTS OF SERVICE OF YOUR PAPERWORK?

PHONE EMAIL MAIL

COMMENTS:

SIGNATURE _____ DATE _____

FOR OFFICE USE ONLY

RECEIVED VIA: WINDOW MAIL EMAIL INTEROFFICE MAIL COURT CLERK COURT FPD

COURT: COCONINO SUPERIOR COURT OTHER _____ (OUT OF AREA)

SHOULD BE SERVED BY CONSTABLE: (COUNTY JUSTICE COURTS)

RETURN TO: ORIGINATOR COURT COUNTY ATTORNEY CONSTABLE CITIZEN ATTORNEY

COMMENTS:



"SERVICE TO COMMUNITY"