



SNOHOMISH COUNTY SHERIFF'S OFFICE

INTEGRITY • DIGNITY • COMMITMENT • PRIDE

Ty Trenary, Sheriff

CIVIL UNIT SERVICE INFORMATION FORM

Please type or print clearly – Complete **a form for each person** to be served.

Serve-by Date _____

Who is the Plaintiff/Petitioner?

Who is the Defendant/Respondent?

_____ vs _____

Court Name _____ Court case # _____

Party to be Served (for a company, also list name of contact person if you know it):

Company _____ Contact Person @ Company _____

Business Street address _____ City/State/ ZIP _____

Name(s) _____ Date of Birth/Age _____

Physical description: Sex: _____ Race: _____ Height: _____ Weight: _____ Hair: _____ Eyes: _____

Complete Home street address _____ Home phone _____

City/State/ ZIP _____ Work phone _____

E-mail _____ Cell phone _____

Social Security # _____ Drivers License # _____

Best time for service _____

Is there anything more we need to know to serve this document? _____

Possible hazards: (circle) guns knives dogs substance abuse mental illness

Proof of Service and or contact for questions should be addressed to: (your information):

Name _____ Date of Birth _____

Company _____

Mailing address _____ City/State/ ZIP _____

Home phone _____ Work phone _____ Cell phone _____ Email _____

*CIVIL UNIT * M/S 606 * 3000 ROCKEFELLER AVE * EVERETT, WA 98201 * (425) 388-3060 * FAX (425) 388-3826 *