

Civil Process Worksheet

Note: Please complete this form and return to Professional Process Servers, Inc. Please complete a separate form for each party being served. If any information is the same for both, then write "same as..." on one of the forms.

CLIENT INFORMATION:

NAME:

ADDRESS:

PHONE NUMBER:

EMAIL ADDRESS:

Enter the following information for the person to be served.

If you do not know an answer, write "unknown" in the blank.

A. Party Information

Name _____

Address _____

Address _____

City _____

State & Zip _____

Date of Birth _____

Phone _____

Height _____

Weight _____

Hair Color _____

Eye Color _____

Race _____

Gender Male Female

Glasses Yes No

Beard Yes No

Mustache Yes No

Other Identifying Characteristics: _____

Enter any other physical characteristics that may assist identifying him/her.

B. Employer Information

Employer _____

Address _____

Address _____

City/State/Zip _____

Phone _____

Work Hours _____

Enter the other party's place of employment and the hours they are most likely to be there.

*Please note that we charge per address.

