



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



PLAINTIFF'S NAME: _____

ADDRESS _____

CITY, STATE, & ZIP _____

TELEPHONE NUMBER (HOME) _____ CELL PHONE: _____

PLEASE PROVIDE THE FOLLOWING INFORMATION ABOUT THE PERSON BEING SERVED

RESPONDENT'S NAME: _____

ADDRESS: _____

CITY, STATE, & ZIP: _____

TELEPHONE NUMBER (HOME): _____ CELL PHONE: _____

EMPLOYER'S NAME: _____

EMPLOYER'S ADDRESS: _____

EMPLOYER'S 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 ADDITIONAL INFORMATION: _____

