

LA PLATA COUNTY SHERIFF'S OFFICE

Civil Process Information Sheet

Name of person and/or business being served:

Home address:

City: _____ Home Phone: _____

Business address: _____

City: _____ Work Phone: _____

AGE OF PERSON BEING SERVED (Check One)

Over 18 Years: _____ 13 to 18 Years _____ Under 13 Years _____

Birth date (if known) _____

Attempted service of the papers is based upon the information you provide on this sheet. Please include all information, which will assist us in successfully serving your papers. Miscellaneous work, at home hours, vehicle descriptions, physical descriptions, etc.

***** BILLING INFORMATION *****

Your name: _____ Birth date: _____

Your mailing address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Work phone: _____ Payment: _____

Colorado law requires Sheriff's Offices to collect fees for civil process. You will be charged the statutory rate for each attempted service, actual service, mileage, and other processing functions. Your signature acknowledges that you will pay all Sheriff's fees associated with this civil process.

Your Signature

Date