

# MESA COUNTY SHERIFF'S OFFICE CIVIL PROCESS INFORMATION SHEET

**Thoroughly completing this document ensures a greater chance of successful service .**

Person/Business to be served: \_\_\_\_\_  
Home address: \_\_\_\_\_ City: \_\_\_\_\_ Zip \_\_\_\_\_  
Home telephone number: \_\_\_\_\_ Work: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Employer's Address: \_\_\_\_\_  
Best time for service at residence: \_\_\_\_\_ At Work: \_\_\_\_\_  
**Is person to be removed from the home? (Restraining orders only)** \_\_\_\_\_

Date of Birth: _____	Type of Vehicle: _____
Approximate Age: _____	Color: _____ Year: _____
Height: _____ Weight: _____	License Plate: _____
Eye color: _____	License State: _____
Hair color: _____	Any known weapons: _____
Race: _____	Is person using drugs: _____
Other: _____	Is person using alcohol: _____
	Other: _____

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## **Customer having papers served:**

Name: \_\_\_\_\_  
Physical/ mailing address for return: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Phone number Home/Cell: \_\_\_\_\_ Work: \_\_\_\_\_

**I understand the technician will attempt service based on the information provided. All process serves by the Mesa County Sheriff's Office are attempted in accordance with the applicable Colorado Rules. I understand the Sheriff's Office attempts service Monday - Friday 8:00 AM - 4:00 PM, excluding all court recognized holidays.**

**Number of Service Attempts:** \_\_\_\_\_.

I understand I am charged mileage for the number of requested service attempts. If service is completed in less than the number of requested attempts I will be refunded mileage fees for the difference.

Signature: \_\_\_\_\_ Cash: \_\_\_\_\_ Check #: \_\_\_\_\_  
Date: \_\_\_\_\_ Amount: \_\_\_\_\_