

**MESA COUNTY SHERIFF'S OFFICE
CIVIL PROCESS INFORMATION SHEET**

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

PERSON OR BUSINESS TO BE SERVED:

Person **(Full Name)** or Business: _____

Home address: _____

City: _____ State: _____ Zip code: _____

Employer Name & Address: _____

City: _____ State: _____ Zip code: _____

Phone number Home: _____ Cell: _____ Work: _____

Best time for service at residence: _____ At Work: _____

Date of Birth: _____ or Approximate Age: _____

Sex: _____ Race: _____ Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

Vehicle: _____

Year Make Model Color Plate State

Is person using alcohol/drugs? Yes _____ No _____ Any known Weapons? Yes _____ No _____

Other Information: _____

PROTECTION ORDERS ONLY:

Your relationship to the person restrained: _____

Does the person we are serving know we are serving them this Order? Yes _____ No _____

Does the deputy need to remove the restrained person from your home? Yes _____ No _____

Does restrained person have children that the deputy needs to return to you? Yes _____ No _____

CUSTOMER HAVING PAPERS SERVED:

Person **(Full Name)** or Business: _____

Date of Birth: _____ Driver's License #: _____ State: _____

Mailing address for return: _____

City: _____ State: _____ Zip code: _____

Physical address: _____

City: _____ State: _____ Zip code: _____

Phone number Home: _____ Cell: _____ Work: _____

I understand the deputies 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 **Service Attempts are Monday - Friday 8:00 AM - 4:00 PM**, excluding all court recognized holidays.

Number of Service Attempts Requested: _____.

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: _____

Date: _____

PAID: Date: _____ Initials: _____
Cash: _____ Check/MO #: _____
Credit Card: _____ Amount: _____