

PCS

INFORMATION FOR SERVICE OF PROCESS

Please complete the following items relating to the opposing party (spouse, ex-spouse, etc.) If you have a picture of the party we are serving please leave it with the attorney office. The following information will be used if it is necessary to serve papers to your opponent. Unless the attorney has indicated otherwise, **DO NOT TELL YOUR OPPONENT THAT HE OR SHE IS ABOUT TO BE SERVED.** Failure to comply with these instructions may result in the attorney and process server being unable to rapidly and effectively protect you and your rights. Also, it may cost you additional service fees and attorney fees.

PHYSICAL DESCRIPTION

HIS/HER FULL NAME: _____ NICKNAME: _____

Sex: Male _____ Female _____ Age _____ Race _____ Height _____ Weight _____

Hair Color _____ Hair Length _____ (Long, Short, Wavy, Bald)
Circle One

Eyes: _____ Glasses: _____ Beard _____ Mustache _____ Tattoos _____

ADDRESS TO BE FOUND

RESIDENCE ADDRESS: _____

* IF APARTMENT, IS THERE A GATED ENTRANCE? IF SO, PLEASE PROVIDE GATE CODE FOR ENTRY

BEST DAYS AND HOURS AT HOME: _____

HOME PHONE: _____ CELL PHONE: _____

PLACE OF EMPLOYMENT: _____ PHONE: _____

ADDRESS OF EMPLOYER: _____

DAYS AND HOURS AT WORK: _____

VEHICLE DESCRIPTION: MAKE: _____ MODEL: _____

LICENSE PLATE NUMBER: _____ COLOR: _____

Other: List any other physical characteristics or identifying marks that may help us locate and identify your opponent. Also please note anything unusual about the vehicle driven by him/her. Example: bumper stickers, body damage, etc.

Will this person evade service? YES _____ NO _____

Do you consider this person to be potentially dangerous to process server? YES ___ NO ___ Please provide your name and phone number if we should need further information:

YOUR NAME: _____ PHONE NUMBER: _____

Signature:

Email: