



SHERIFF

KIT CARSON COUNTY

Travis Belden, Sheriff | Mike Jones, Undersheriff

Kit Carson County Sheriff's Office • 251 16th Street suite 103 Burlington, Colorado 80807 • Office: 719-346-8934 • Fax: 719-346-7282

Civil Process Information Sheet

1. Please fill out LEGIBLY & COMPLETELY for each person to be served.
2. YOU MUST HAVE A PHYSICAL ADDRESS FOR SERVICE THAT IS IN KIT CARSON COUNTY.
(POST OFFICE BOX **IS NOT** ACCEPTABLE)

Name of Person to Be Served: _____
 Address For Service: _____
 Place of Employment: _____ Usual Work Hours: _____
 POE Address: _____
 Phone Numbers: _____
 Vehicle Make: _____ Model: _____ Year: _____ Color: _____ Plate #: _____

Physical Description:
 Over 18 Years of Age? Yes: _____ No: _____ Date of Birth: _____ Male: _____ Female: _____
 Race: _____ Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____
 Distinguishing Marks: _____
 (Examples: Tattoo's, facial hair, missing teeth, glasses, scars, birthmarks, piercings, balding, etc.)

Will the DEFENDANT be abusive toward the officer: YES _____ NO _____ UNKNOWN _____
Is the DEFENDANT aware you have a papers to serve: YES _____ NO _____ UNKNOWN _____
Does the DEFENDANT have any weapons: YES _____ NO _____ Type _____
Does the DEFENDANT have any arrest warrants: YES _____ NO _____ UNKNOWN _____
Does the DEFENDANT use alcohol: YES _____ NO _____ UNKNOWN _____
Does the DEFENDANT use drugs: YES _____ NO _____ UNKNOWN _____

Items To Be Served? Summons Complaint Answer Form
 Order Garnishment Affidavit
 Other: _____

Last Date For Service: _____
 Must This Be Personal Service **Only**: _____ Yes _____ No

Additional Notes: _____

(Attempted service of these papers is based upon the information that you provide on this sheet. Please include any information, which will assist us in successfully serving your papers.)

***** Billing Information *****

Name: _____ Email Address: _____
 Address: _____ Phone: _____
 City: _____ State: _____ Zip: _____
 (If Individual) POE: _____
 DOB: _____

Thank You!