



# SHERIFF

KIT CARSON COUNTY

Tom Ridnour • Sheriff | Travis Belden • 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 \_\_\_\_\_

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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!