

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 LEGIBALY & COMPLETELY for each person to be served.
- 2. YOU MUST HAVE A PHYSICAL ADDRESS FOR SERVICE THAT IS IN KIT CARSON COUNTY. (POST OFFICES BOXES *ARE NOT* ACCEPTABLE)

Address For Service: Place of Employment: POE Address: Phone Numbers: Vehicle Make: Model: Year: Color: Plate #: Physical Description: Over 18 Years of Age? Yes: No: Date of Birth: 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 have any weapons: YES NO Does the DEFENDANT have any weapons: YES NO UNKNOWN Does the DEFENDANT have any warpons: YES NO UNKNOWN Does the DEFENDANT use alcohol: YES NO UNKNOWN UNKNOWN Does the DEFENDANT use drugs: YES NO UNKNOWN Litems To Be Served? Summons Order Garnishment Other: Last Date For Service: Must This Be Personal Service Only: 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.) ***********************************	Name of Person t	o Be Served:					
POE Address: Phone Numbers: Vehicle Make:	Address For Serv	ice:					
Phone Numbers: Vehicle Make:							
Vehicle Make:							
Physical Description: Over 18 Years of Age? Yes: No: Date of Birth: Male: Female: Race: Height: Weight: Eye Color: Hair Color: Distinguishing Marks:	Phone Numbers:						
Over 18 Years of Age? Yes:No: Date of Birth: Male: Female:	Vehicle Make:	Mode	el:	Year:Co	lor:Plate #	<u> </u>	
Race:	Physical Descript	tion:					
Race:	Over 18 Years of	Age? Yes:	No:	Date of Birth:	Male: Fe	emale:	
(Examples: Tattoo's, facial hair, missing teeth, glasses, scars, birthmarks, piercings, balding, etc.) Will the DEFENDANT be abusive toward the officer: YESNOUNKNOWN	Race:	Height:	Weight:	Eye Color:	Hair Color:		
Will the DEFENDANT be abusive toward the officer: YES	Distinguishing M	arks:					
Is the DEFENDANT aware you have a papers to serve: YESNOUNKNOWN	(Examples: Tatto	o's, facial hair,	missing teeth,	glasses, scars, birthmar	ks, piercings, balding, et	c.)	
Is the DEFENDANT aware you have a papers to serve: YESNOUNKNOWN	Will the DEFE	NDANT be abu	sive toward the	officer: VES	NO IINKNOWN	J	
Does the DEFENDANT have any weapons: YESNOType							
Does the DEFENDANT have any arrest warrants: YESNOUNKNOWN Does the DEFENDANT use alcohol: YESNOUNKNOWN Does the DEFENDANT use drugs: YESNOUNKNOWN Items To Be Served?							
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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.) ***********************************	Itame To Re Serv						
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Thank You!