

**DIRECTIONS TO SHERIFF FOR SERVICE OF CIVIL PAPERS**

DATE (MM/DD/YYYY) \_\_\_\_\_ CASE #: \_\_\_\_\_

**PLAINTIFF:**

---

**VS**  
**DEFENDANT:**

---

**PERSON / COMPANY BEING SERVED:**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

PHONE: (        )        - \_\_\_\_\_

OTHER: \_\_\_\_\_  
\_\_\_\_\_

EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

COMMENTS: \_\_\_\_\_

---

**PERSON REQUESTING SERVICE:**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

PHONE: (        )        - \_\_\_\_\_

BILLING INFORMATION IF DIFFERENT THAN ABOVE:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

PHONE: (        )        - \_\_\_\_\_