DOUGLAS COUNTY SHERIFF'S OFFICE **CIVIL PROCESS INFORMATION SHEET**

Received By:

- * List any of the following information you may have on the defendant, if unknown leave space blank.

 * Address for service MUST be in Douglas County. Please print clearly and use a separate form for each person to be served.

(W)(C)ZIP
ZIP
DATE OF BIRTH OR APPROX. AGE
EYES HAIR
LICENSE PLATE NUMBER
ANY WARRANTS?
IS PERSON USING DRUGS OR ALCOHOL?
_DOB
DOB
STATE ZIP
STATE ZIP(C)
STATEZIP(C)