

DANE COUNTY SHERIFF-CIVIL PROCESS

AID IN SERVING FORM

(PLEASE FILL OUT ALL THAT YOU CAN-LEAVE BLANK IF YOU DON'T KNOW)

NAME OF PERSON(S) OR BUSINESS TO BE SERVED:

HOME/CELL PHONE#: _____

BEST TIME TO SERVE AT HOME (Mornings/Evenings/Approx. Time): _____

EMPLOYER:

EMPLOYER PHONE#:

DEPT AT BUSINESS: _____ SHIFT: _____

WORK HOURS (Mon-Fri only/Civil Process Office is closed weekends): _____

ADDITIONAL INFORMATION FOR SERVICE OR INSTRUCTIONS FOR SERVICE:

PLEASE LIST ANY POSSIBLE THREATS TO THE DEPUTY (DOGS, WEAPONS, ETC):

PERSON REQUESTING SERVICE/PAPERS BROUGHT IN BY: _____

CONTACT PHONE# OF PERSON REQUESTING SERVICE: _____

Street Address: _____

City/State/Zip: _____