

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

Thoroughly completing this document ensures a greater chance of successful service .

**PERSON OR BUSINESS TO BE SERVED:**

Person **(Full Name)** or Business: \_\_\_\_\_

Home address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Employer Name & Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone number Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Best time for service at residence: \_\_\_\_\_ At Work: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ or Approximate Age: \_\_\_\_\_

Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Vehicle: \_\_\_\_\_

Year          Make          Model          Color          Plate          State

Is person using alcohol/drugs? Yes \_\_\_\_\_ No \_\_\_\_\_ Any known Weapons? Yes \_\_\_\_\_ No \_\_\_\_\_

Other Information: \_\_\_\_\_

**PROTECTION ORDERS ONLY:**

Your relationship to the person restrained: \_\_\_\_\_

Does the person we are serving know we are serving them this Order? Yes \_\_\_\_\_ No \_\_\_\_\_

Does the deputy need to remove the restrained person from your home? Yes \_\_\_\_\_ No \_\_\_\_\_

Does restrained person have children that the deputy needs to return to you? Yes \_\_\_\_\_ No \_\_\_\_\_

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**CUSTOMER HAVING PAPERS SERVED:**

Person **(Full Name)** or Business: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_

Mailing address for return: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Physical address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone number Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

I understand the deputies will attempt service based on the information provided. All process serves by the Mesa County Sheriff's Office are attempted in accordance with the applicable Colorado Rules. I understand the **Service Attempts are Monday - Friday 8:00 AM - 4:00 PM**, excluding all court recognized holidays.

Number of Service Attempts Requested: \_\_\_\_\_.

I understand I am charged mileage for the number of requested service attempts. If service is completed in less than the number of requested attempts, I will be refunded mileage fees for the difference.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

<p><b><u>PAID:</u></b>    Date: _____    Initials: _____</p> <p>Cash: _____    Check/MO #: _____</p> <p>Credit Card: _____    Amount: _____</p>
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