

**INFORMATION SHEET ON PARTY TO BE SERVED**  
**(Form 170)**

Date \_\_\_\_\_

Case No: \_\_\_\_\_

Division: \_\_\_\_\_

TO: **SHERIFF'S OFFICE**

Name \_\_\_\_\_

Nickname/Alias \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

County of \_\_\_\_\_

Phone# ( ) \_\_\_\_\_

Other Person(s) living at the address: (above age 15)

\_\_\_\_\_  
\_\_\_\_\_

Business name \_\_\_\_\_

Work hours \_\_\_\_\_

Business address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

County of \_\_\_\_\_

Phone# ( ) \_\_\_\_\_

Color and make of automobile \_\_\_\_\_ Year \_\_\_\_\_ License# \_\_\_\_\_

Race \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair \_\_\_\_\_ Eyes \_\_\_\_\_

Complexion (light/medium/dark/ruddy) \_\_\_\_\_

Marks or features: include tattoos, scars, moustache, etc.

\_\_\_\_\_  
Attached photograph ( ✓ if you have one)

List any additional information that may be helpful to the Deputy who will be serving this process \_\_\_\_\_

Include any other address where Respondent may be served and the best time the Respondent would be at the address:

\_\_\_\_\_  
\_\_\_\_\_

**YOUR INFORMATION:**

Name: \_\_\_\_\_  
*[person making this complaint]*

Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_ County of \_\_\_\_\_

Home Phone # (    ) \_\_\_\_\_

Date of Birth \_\_\_\_\_

Business name \_\_\_\_\_

Business address \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ County of \_\_\_\_\_

Business phone# (    ) \_\_\_\_\_ Work hours \_\_\_\_\_