

# DANE COUNTY SHERIFF'S OFFICE, 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 ADDRESS OR POSSIBLE ADDRESS FOR SERVICE: \_\_\_\_\_

\_\_\_\_\_

HOME PHONE NUMBER: \_\_\_\_\_

CELL PHONE NUMBER: \_\_\_\_\_

BEST TIME TO SERVE: (*Morning/Afternoon/ Evening/Approx Time*): \_\_\_\_\_

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

EMPLOYER PHONE NUMBER: \_\_\_\_\_

DEPT AT BUSINESS: \_\_\_\_\_

SHIFT: \_\_\_\_\_

WORK HOURS (*Mon-Fri only. Our office is closed on weekends*): \_\_\_\_\_

ADDITIONAL INFORMATION OR INSTRUCTIONS FOR SERVICE:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PLEASE LIST ANY POSSIBLE THREATS TO THE DEPUTY (*dogs, weapons, etc.*):

\_\_\_\_\_

NAME OF PERSON REQUESTING SERVICE: \_\_\_\_\_

PHONE NUMBER OF PERSON REQUESTING SERVICE: \_\_\_\_\_

STREET ADDRESS OF PERSON REQUESTING SERVICE: \_\_\_\_\_

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