AID IN SERVING FORM
DANE COUNTY SHERIFF'S OFFICE – CIVIL PROCESS

IF INFORMATION PROVIDED IS NOT COMPLETE, WE CANNOT ENSURE SERVICE

INFORMATION FOR SERVICE

NUMBER OF PEOPLE/BUSINESSES BEING SERVED: _____

FULL NAME OF PERSON(S) OR BUSINESS: _____

_____

PHONE NUMBER(S): _____

DATE OF BIRTH OR APPROXIMATE AGE: _____

PRIMARY ADDRESS FOR SERVICE (Required): _____

_____

BEST TIME TO SERVE (Check One): ☐ MORNING ☐ AFTERNOON ☐ EVENING

SECONDARY ADDRESS FOR SERVICE (Optional): _____

_____

BEST TIME TO SERVE (Check One): ☐ MORNING ☐ AFTERNOON ☐ EVENING

THERE IS A COURT DATE SCHEDULED (Check One): ☐ YES ☐ NO

COURT DATE: _____

ADDITIONAL INFORMATION OR INSTRUCTIONS FOR SERVICE: _____

_____

_____

_____

LIST ANY POSSIBLE THREATS TO THE DEPUTY (dogs, weapons, drug use, etc): _____

_____

INFORMATION FOR RETURN SERVICE (THIS INCLUDES THE AFFIDAVIT OF SERVICE & INVOICE)

PERSON REQUESTING SERVICE: _____

PHONE NUMBER: _____

RETURN ADDRESS (Required):_____

_____

EMAIL ADDRESS: _____

I WOULD LIKE TO RECEIVE MY RETURN VIA (Check one): ☐ EMAIL ☐ POSTAL MAIL ☐ PICK UP