Reset

WHATCOM COUNTY SHERIFF'S OFFICE
SERVICE REQUEST INTAKE INFORMATION SHEET

PRINT **BILLING** NAME AND MAILING ADDRESS INFORMATION BELOW

NAME:_____

DATE OF BIRTH:_____ PHONE:_____

MAILING ADDRESS:_____

CITY:_____STATE:_____ ZIP:_____

OFFICE USE ONLY

DEPOSIT AMOUNT: _____

☐ CASH ☐ CHECK # _____

CLERK INITIALS: _____

CIVIL PROCESS #: _____

*****The Return of Service will be mailed to the above-listed address once the paper(s) has been served. If the return should be forwarded to another address, list that address on the line below:**

_____

PAPERWORK INFORMATION:

COURT CAUSE NO: _____ DATE ISSUED: _____ DATE TO RETURN BY:_____

☐ SUPERIOR ☐ DISTRICT ☐OTHER:_____ COUNTY:_____ STATE:_____

PAPER TYPE:

____ SUMMONS	_____ COMPLAINT	_____ SMALL CLAIMS	____ RESTRAINING ORDER
____ PETITION	_____ NOTICE	_____ SHOW CAUSE	____ PARENTING INFO
____ SUBPOENA	OTHER:_____		

INFORMATION OF PARTY(S) TO BE SERVED: ********* **(If this is other than an individual person, please list business information in the 1st person section and the name of the individual in charge in the 2nd person)**

1ST PERSON:

NAME:_____
LAST FIRST MIDDLE

DATE OF BIRTH:_____ SEX: MALE _____ FEMALE _____ HEIGHT:_____ WEIGHT _____

STREET ADDRESS:_____ CITY:_____ STATE:_____

HOME PHONE NO:_____ CELL PHONE NO:_____ WORK PHONE NO._____

EMPLOYER NAME:_____ WORK HOURS:_____

EMPLOYER ADDRESS:_____ CITY:_____

2ND PERSON:

NAME:_____
LAST FIRST MIDDLE

DATE OF BIRTH:_____ SEX: MALE _____ FEMALE _____ HEIGHT:_____ WEIGHT:_____

STREET ADDRESS:_____ CITY:_____ STATE:_____

HOME PHONE NO:_____ CELL PHONE NO:_____ WORK PHONE NO._____

EMPLOYER NAME:_____ WORK PHONE NO:_____

EMPLOYER ADDRESS:_____ CITY:_____

LIST ANY SPECIAL INFORMATION THAT WE SHOULD KNOW:

_____

_____

_____