



**ISANTI COUNTY SHERIFF'S OFFICE CIVIL PROCESS
SERVICE INFORMATION SHEET**

Please complete as much as possible to assist deputy serving papers

Date _____

Person or business you would like us to serve:

Name or Business: _____

First

Middle

Last

DOB

Address: _____

City

State

Zip

Phone Numbers: _____

Home

Work

Cell

Help us provide you better service with the following information:

Description of the person being served: Eye color _____ Hair Color _____ Glasses _____

Male Female Height _____ Weight _____ Facial hair? _____ Other descriptors? _____

Place of employment: _____ hours _____

Address: _____

Vehicle(s): _____

(Make)

(model)

(color)

(license #s)

Known WeaponsAnimal _____

Drug use? Yes/No Alcoholic? Yes/No Best time to serve? _____

SERVICE EXPENSE: (please indicate your preference)

3 attempts \$70.00

4 attempts \$95.00

5 attempts \$120.00

6 attempts \$145.00

****Service Fee is due with request and is non-refundable****

INVOICE/AFFIDAVIT SENT TO: (your information)

Name: _____ email address _____

Address: _____

City

State

Zip

Phones: Home: _____ Work: _____ Cell: _____