

JACKSON COUNTY SHERIFF'S OFFICE
INSTRUCTIONS TO THE SHERIFF

Court Case NO: _____

I, (print name) _____, the party requesting service in this case, hereby request the Sheriff of Jackson County to serve the following. **List all documents:

The NAME of the person(s) or corporation to be served:

The ADDRESS of the party to be served is (specify NE, N, SE, S etc): (include hrs available if known)

OTHER INFORMATION on PERSON TO BE SERVED:

Phone #'s: _____
Date of Birth/ or Approx Age: _____
SEX: _____ Height: _____ Weight: _____
Hair Color (color/length): _____
Scars/Tattoos: _____
Place of Employment (include hrs worked /phone #if known): _____

ANY VEHICLE (s) driven by Person to be Served:
(specify color, make/model, license plate if known)

RISK ANALYSIS (please check all that apply)

To the best of my knowledge and belief, the party to be served displays or possesses the following:

Weapons (knives, guns, swords, traps). Specify type and location on property or if person carries weapon with them:

Dogs (Breed, Vicious? , Location on property, etc.)

Other - be specific (Past Violence, drug or alcohol use, Gang Affiliation, Mental status, etc)

YOUR CONTACT INFORMATION

Name: _____

Email: _____

Home Address: _____

Mailing Address: _____

Contact Phone Numbers: _____

SIGNATURE OF PARTY REQUESTING SERVICE

Signature: _____ Date: _____

FEES:

_____ WAIVED _____ CASH _____ CHECK

AMOUNT PAID _____ **PROCESSED BY** _____

Lock Out Information:

Occupied Not Occupied Unknown

Date of Lock Out _____

Time of Lock Out _____

Contact Person _____

Phone Number _____