



Jefferson County Sheriff Civil Unit

100 Jefferson County Parkway, Suite 1520
Golden, CO 80419
303.271.6580
303.271.6593 Fax

Civil Process Information Sheet

PERSON TO BE SERVED

Name: _____

Home Address: _____
Street City Zip Code

Telephone Number: Home: _____ Cell: _____

Best time to serve: (M-F, 6 AM— 7 PM, no week-end service) _____

Employer Name: _____ Phone: _____

Employer Address: _____

Work Hours: _____

Date of Birth or Approximate Age: _____ Race: _____ Sex: M F

Hair Color: _____ Eye Color: _____ Height: _____ Weight: _____

Vehicle: _____ License Plate # _____

This person may: Be Violent Use Alcohol Use Drugs Avoid Service Have Warrants
Have Weapons—Type: _____ Concealed Carry Permit: Y N

YOUR INFORMATION FOR RETURN OF SERVICE

Name: _____

Address: _____
Street City Zip Code

Telephone No.: _____ Work No.: _____

Date of birth: _____

FOR TEMPORARY PROTECTION ORDERS ONLY

Does the deputy need to remove the restrained person from your home? Yes No

Does the restrained person have children that the deputy needs to return to you? Yes No

Would you like a call when the restraining order has been served? Yes No

Phone Number: _____

How would you like to receive your proof of service? By Mail Pick up at Civil Office