

GLOBE REGIONAL CONSTABLE'S CONFIDENTIAL SERVICE INFORMATION

Instructions: Please complete this form, which will be used by the Constable (or other agent) to serve your court papers. Please be as accurate and complete as possible. This information will not be given to the defendant.

Court: _____	Case Type: _____	Case No. _____
Your Name (Plaintiff): _____		
Address: _____	City: _____	State: _____ ZIP: _____
Home Ph: _____	Cell Ph: _____	Work Ph: _____ Work Hrs: _____
Work Address: _____		
Does Defendant know where you live?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is Defendant living with you? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you require an interpreter?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, what language? _____
DEFENDANT(S) INFORMATION		
Defendant Name (Nick Names) _____	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Address: _____	City: _____	State: _____ ZIP: _____
Home Ph: _____	Cell Ph: _____	Work Ph: _____ Soc Sec No: _____
When can Defendant be found at home? _____		
DOB: _____	Age: _____	Hair Color: _____ Height: _____ Weight: _____
Glasses: _____	Beard: _____	Mustache: _____ Hair Length: _____
Marks, Scars, Tattoos: _____		
Name of Employer and Work Address: _____		
City: _____	State: _____	ZIP: _____
Occupation: _____	Supervisor: _____	
Work Schedule: _____	Type of Work: _____	
Other locations where Defendant may be found: _____		
What kind of vehicle does the Def normally drive? _____ Lic Plate No _____ State _____		
Yr of Veh: _____	Make: _____	Model: _____ Color: _____ Other: _____
<i>Check all that apply below & add descriptions where available:</i>		
<input type="checkbox"/> Defendant is Drug User: _____		
<input type="checkbox"/> Defendant is Heavy Drinker: _____		
<input type="checkbox"/> Defendant is Violent: _____		
<input type="checkbox"/> Defendant has Weapons: _____		
<input type="checkbox"/> Defendant has Warrants: _____		
<input type="checkbox"/> Defendant has Criminal Arrest Record: _____		
<input type="checkbox"/> Defendant has Previous Domestic Violence History: _____		
<input type="checkbox"/> Defendant has been Served Before: _____		
<input type="checkbox"/> Defendant will Avoid Service: _____		
<input type="checkbox"/> Defendant Photo is Available (will be copied/returned) _____		
List Names, Addresses, Phone Nos. of Friends Relatives who may know where Defendant is: _____		
Any other Information: _____		