



Office of
Payson Regional Constable
Tony McDaniel

Terry Phillips
Deputy Constable

Kimberly Rust
Clerk of the Constable

“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: _____ County: _____ City: _____ State: _____ Zip: _____

Home Ph: _____ Cell P: _____ Work Ph: _____ Work Hours: _____

Work Address: _____ County: _____ City: _____ State: _____ Zip: _____

Does Defendant know where you live? Yes No Is Defendant living with you? Yes No

Does the Defendant know this Documentation is coming? Yes No

DEFENDANT’S INFORMATION

Defendant’s Name (include nick names): _____ Sex: Male Female

Address: _____ County: _____ City: _____ State: _____ Zip: _____

Home Ph: _____ Cell P: _____ Work Ph: _____ Work Hours: _____

Name of Employer: _____ Occupation: _____ Supervisor: _____

Work Address: _____ County: _____ City: _____ State: _____ Zip: _____

When can Defendant be found at home? _____ DOB: _____ Age: _____ Hair Color: _____

Hair Length: _____ Height: _____ Weight: _____ Beard Mustache Glasses

Scars, Marks, Tattoos: _____

Other locations Defendant might be found: _____

What kind of vehicle does the Defendant drive? Yr: _____ Make: _____ Model: _____ Color: _____

Lic Plate No.: _____ State: _____ Other identifying marks, stickers equipment etc.: _____

Check all that apply below and add descriptions where possible:

Defendant has History of Drug Use: _____

Defendant has History of Heavy Drinking: _____

Defendant has History of Violence: _____

Defendant has Weapons: _____

Defendant has History of Carrying a Weapon on their Person: _____

Defendant has a Criminal Arrest Record: _____

Defendant has Warrants: _____

Defendant has Previous History of Domestic Violence: _____

Defendant has been Served Before : _____

Defendant will Avoid Service: _____

List Names, Addresses, Phone # of Friends, Relatives who may know where Defendant is: _____

Any other information that would help us serve your documentation: _____