

Rock County Sheriff's Office

Civil Process Worksheet

Charges: \$65.00 per paper includes all attempts
\$32.00 for each additional defendant at same address
\$32.00 for service at Rock County Jail

Deposit is required at time of service request.

Today's Date: _____ Time: _____

Your Name: _____

Your Businesses Name: _____

Your Date of Birth: _____ Your Phone: _____

Your Address: _____

City: _____ State: _____ Zip: _____

Bill to (if different than above): _____

Restraining Orders: Did the court order defendant to be removed from his/her residence?

Yes _____ No _____

Deposit Amount Paid \$ _____ **Affidavit of Indigency attached?** _____

Information on Subject to be Served:

Name: _____ Phone: _____

Address: _____ Apt/Lot #: _____

City: _____

Description: Male ___ Female ___ Race: _____ Date of Birth: _____

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

Other distinguishing features: _____

Best time and day to serve: _____ Which door to use? _____

Employer: _____ Hours at work: _____

Does subject carry/possess weapons? _____ Type: _____

Vehicle Make/Model: _____

Color: _____ Style: _____ License: _____

Animals/Additional Comments: _____

Received by: _____