

Instructions to law enforcement: Do not serve this form with the other papers. You may keep this form for your records or destroy it.

Service Assistance Form
This is a Private Record (CJA 4-202.02)

Case Number		Document to be Served	
Court Name & Address			
Name of Person Requesting Service			

Information About the Person to be Served (Print clearly.)			
<input type="checkbox"/> Plaintiff/Petitioner		<input type="checkbox"/> Defendant/Respondent	
Name			
Alias/Nickname			
Full Social Security #		Date of Birth *	
Race *		Sex *	
Weight		Height	
Hair color		Eye color	
* Required. If you do not know, write unknown.			
Special characteristics (tattoos, scars, etc.)			
Home: street address, city, state, zip			
Cell phone			
Home phone			
Best times to reach			
Work: name, street address, city, state, zip			
Work phone			
Best times to reach			
Driver's license number			
Car license number			
Car Make		Model	
Year		Color	
Is this person on probation or parole? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know			
If known, print the name of the supervising agency and officer and the officer's telephone number.			
Has this person used weapons or been violent in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know			