

**LINCOLN COUNTY SHERIFF'S OFFICE
CIVIL PROCESS INFORMATION SHEET**

Name of Person and/or Business Being Served: _____

Home Address: _____

City: _____ Home Phone: _____

Work Address: _____

City: _____ Work Phone: _____

(For Eviction Restoration) Contact Person's Name and Phone: _____

PERSONAL INFORMATION OF PERSON BEING SERVED

Birthdate/Approximate Age: _____ Over 18: _____ Under 18: _____

Sex _____ Height _____ Weight _____ Hair _____ Eyes _____

Attempted service of the papers is based upon the information you provide on this sheet. Please include all information, which will assist us in successfully serving your papers. i.e. miscellaneous: work hours, at home hours, vehicle descriptions, is the person a Junior or Senior.

******* PLAINTIFF/PETITIONER INFORMATION*******

Your Name: _____ Birthdate: _____

Address: _____ Home Phone: _____

City: _____ State: _____ Zip: _____

Place of Employment: _____ Work Phone: _____

Pursuant to Colorado Revised Statute §30-1-116 **Officer shall collect fees in advance**, the Lincoln County Sheriff's Office is obligated to collect the minimum fees prior to the service of any civil process paper(s). You will be charged the statutory rate for each attempted service, actual service, mileage, and other processing functions. Your signature acknowledges that you will pay all Sheriff's fees associated with this civil process.

Signature

Date