



Maricopa County Justice Courts, Arizona

Case Number: _____ NCIC #: _____ DPS #: _____

Plaintiff _____ Birth date: _____ v. _____ Defendant _____	SERVICE OF PROCESS INFORMATION FORM OP/IAH/IAWH Issue Date _____
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Your Name _____ Main Phone Number _____ *Cell/Alternate Number _____
*May the court text you at this or another number? ☐ Yes ☐ No

Your Address _____ City, State, Zip _____

E-mail address (if available) _____

DO NOT SERVE THIS FORM ON THE DEFENDANT--DESTROY WHEN SERVED.
Notice: This form will be used by the agency that will serve your court documents. Be accurate and complete when filling out this form. Without this information, your documents may not get served.
THIS FORM IS CONFIDENTIAL AND WILL NOT BE GIVEN TO THE DEFENDANT.

DEFENDANT INFORMATION (person you want to be served)

Defendant's Name _____ Birthday _____
☐ Actual ☐ Estimated

Defendant's Address _____ Does defendant need an Interpreter? ☐ Yes ☐ No
Include apartment and building number

City, State, Zip _____

Apartment complex name _____ Does Defendant live with you now? ☐ Yes ☐ No

Sex	Race	Height	Weight	Eye Color	Hair Color	Driver License Number	DL State	DL Expiration Date

Defendant's ethnicity is: ☐ Hispanic ☐ Not Hispanic

Company/work name _____ Work phone _____

Work address _____ Cell phone _____

City, State, Zip _____

Work hours _____ Normal days off _____

Best time at work _____ Best time at home _____

Other places defendant goes _____ Days/times most likely to be there _____

Vehicle year/make/color _____ License plate/State _____

Distinguishing features, scars, tattoos, marks (and location) _____

Is defendant ☐ violent toward police ☐ drug user ☐ heavy drinker ☐ mentally ill
☐ on probation/parole-Probation Officer Name/Phone: _____

Does defendant carry ☐ a gun ☐ a knife
Does defendant have ☐ a gun ☐ a knife

Location of weapons now _____