



# SHERIFF

KIT CARSON COUNTY

Travis Belden • Sheriff

Kit Carson County Sheriff's Office • 1650 Donelan Ave., Suite #103 Burlington, Colorado 80807 • Office: 719-346-8934 • Fax: 719-346-7282

## Civil Process Information Sheet

1. Please fill out LEGIBLY & COMPLETELY for each person to be served.
2. YOU MUST HAVE A PHYSICAL ADDRESS FOR SERVICE THAT IS IN KIT CARSON COUNTY.  
(POST OFFICE BOX **IS NOT** ACCEPTABLE)

Name of Person to Be Served: \_\_\_\_\_  
 Address For Service: \_\_\_\_\_  
 Place of Employment: \_\_\_\_\_ Usual Work Hours: \_\_\_\_\_  
 POE Address: \_\_\_\_\_  
 Phone Numbers: \_\_\_\_\_  
 Vehicle Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Color: \_\_\_\_\_ Plate #: \_\_\_\_\_

Physical Description:  
 Over 18 Years of Age? Yes: \_\_\_\_\_ No: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_  
 Race: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_  
 Distinguishing Marks: \_\_\_\_\_  
 (Examples: Tattoo's, facial hair, missing teeth, glasses, scars, birthmarks, piercings, balding, etc.)

Will the DEFENDANT be abusive toward the officer:	YES _____	NO _____	UNKNOWN _____
Is the DEFENDANT aware you have a papers to serve:	YES _____	NO _____	UNKNOWN _____
Does the DEFENDANT have any weapons:	YES _____	NO _____	Type _____
Does the DEFENDANT have any arrest warrants:	YES _____	NO _____	UNKNOWN _____
Does the DEFENDANT use alcohol:	YES _____	NO _____	UNKNOWN _____
Does the DEFENDANT use drugs:	YES _____	NO _____	UNKNOWN _____

\*\*\*\*\*  
 Items To Be Served?      Summons      Complaint      Answer Form  
    Order      Garnishment      Affidavit  
 Other: \_\_\_\_\_

**Last Date For Service:** \_\_\_\_\_  
 Must This Be Personal Service **Only:**      Yes      No

Additional Notes: \_\_\_\_\_

(Attempted service of these papers is based upon the information that you provide on this sheet. Please include any information, which will assist us in successfully serving your papers. )

\*\*\*\*\* Billing Information \*\*\*\*\*

Name: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 (If Individual)      POE: \_\_\_\_\_  
    DOB: \_\_\_\_\_

Thank You!