



REQUEST FOR SERVICE

Mail To: Deschutes County Sheriff's Office
Attn: Civil Unit
63333 W. Hwy 20
Bend, OR 97703

DATE: \_\_\_\_\_

Please serve the following documents. I understand that you will mail me a proof of service when service is complete.

List all documents to be served: \_\_\_\_\_

Court Case #: \_\_\_\_\_ Court Date (if one assigned) \_\_\_\_\_

Please serve the following person #1(see back of page for person #2)~

The defendant to be served is: [ ] An Individual [ ] A Business [ ] A Public Body

Name: \_\_\_\_\_ Date of Birth /approx age: \_\_\_\_\_ Alias: \_\_\_\_\_

Agent to Serve / Name (If Servicing a Business): \_\_\_\_\_

Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eyes: \_\_\_\_\_ Hair: \_\_\_\_\_ Ethnicity \_\_\_\_\_

Service address is as follows (specify NE, N SE, S, etc.): [ ] Home [ ] Employer: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ ZIP: \_\_\_\_\_

Best time to serve: \_\_\_\_\_ Phone #: \_\_\_\_\_

Other address: [ ] Home [ ] Employer: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ ZIP: \_\_\_\_\_

Best time to serve: \_\_\_\_\_ Phone #: \_\_\_\_\_

Scars/Marks/Tattoos: \_\_\_\_\_

Please list any officer safety issues (weapons, threats, drugs/alcohol, dangerous pets, mental illness, etc.):

Vehicle information: License Plate #: \_\_\_\_\_

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_

Other pertinent information: \_\_\_\_\_

Party requesting service fill out and sign following:

\*\*Please use your mailing address

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Signature: \_\_\_\_\_

\*\*\*Please note that failure to complete this information may delay the service or execution of your process, or could result in returning your paperwork if it is unclear to the sheriff precisely who you want served, etc. Personal injury to a deputy sheriff may also result by omitting any information. This information will be used solely for the execution of process and for officer safety purposes. Information provided may be subject to disclosure under ORS Chapter 192. Your assistance is greatly appreciated.

**Please serve the following person #2~**

The defendant to be served is:  An Individual       A Business       A Public Body

**Name:** \_\_\_\_\_ **Date of Birth /approx age:** \_\_\_\_\_ **Alias:** \_\_\_\_\_

**Agent to Serve / Name** (If Servicing a Business): \_\_\_\_\_

**Sex:** \_\_\_\_\_ **Height:** \_\_\_\_\_ **Weight:** \_\_\_\_\_ **Eyes:** \_\_\_\_\_ **Hair:** \_\_\_\_\_ **Ethnicity:** \_\_\_\_\_

**Service address is as follows (specify NE, N SE, S, etc.):**  Home  Employer: \_\_\_\_\_

**Street:** \_\_\_\_\_ **City:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**Best time to serve:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Other address:**  Home  Employer: \_\_\_\_\_

**Street:** \_\_\_\_\_ **City:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**Best time to serve:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Scars/marks/Tattoos:** \_\_\_\_\_

**Please list any officer safety issues (weapons, threats, drugs/alcohol, dangerous pets, mental illness, etc.):**

\_\_\_\_\_

**Vehicle information:**      **License Plate #:** \_\_\_\_\_

**Year:** \_\_\_\_\_ **Make:** \_\_\_\_\_ **Model:** \_\_\_\_\_ **Color:** \_\_\_\_\_

**Other pertinent information:** \_\_\_\_\_

\_\_\_\_\_