



LARIMER COUNTY SHERIFF'S OFFICE
CIVIL PROCESS INFORMATION SHEET

Plaintiff: (Your information—CONFIDENTIAL)

Name:
Mailing address (for return of service)
City: State: Zip:
Phone #: ( )

Defendant(s): (Person(s) we are serving for you)

Name: Birth date:
Address:
City: State: Zip:
Phone #: ( ) Cell#:
Sex: Height: Weight: Hair: Eyes:
VEHICLE: YEAR MAKE COLOR

Defendant(s) place of employment:

Name of business:
Address: City:
Hours/Days worked: Phone:

Additional Information:

Additional Defendant to be served:

Name: Birthdate:
Address:
City: State: Zip:
Phone #: ( ) Cell #:

Pursuant to Colorado Revised Statute §30-1-116 Officer shall collect fees in advance. Your signature acknowledges that you will pay all Sheriff's fees associated with this civil process.

Signature / Date

FOR TEMPORARY PROTECTION ORDERS ONLY

Does the deputy need to remove the restrained person from your home? YES NO
Does the restrained person have children that the deputy needs to return to you? YES NO

Office Use Only:
Cash Check DV TPO Only: No Fee