

CIVIL PROCESS INFORMATION SHEET

Grand County Sheriff's Office
670 Spring St. PO Box 48
Hot Sulphur Springs, CO 80451
Office: 970-725-3343 / Fax 970-725-3227



ADDRESS FOR SERVICE MUST BE IN GRAND COUNTY
Please complete to the best of your knowledge- leave blank anything you don't know.
PLEASE PRINT CLEARLY

PERSON OR BUSINESS TO BE SERVED: (Defendant / Respondent)

Name _____

Address _____

Phone Number _____ Date of Birth _____

Employment _____

Employment Address _____

Work Phone Number _____ Work Hours _____

Hair Color _____ Eye Color _____ Height _____ Weight _____

Vehicle _____ Color _____ License Plate _____

Alcohol Use YES / NO / UNK **Drug Use** YES / NO / UNK **Has a Warrant** YES / NO / UNK **Animals** YES / NO / UNK

Is this Person Violent YES / NO / UNK **Has Weapons** YES / NO / UNK If yes, What Kind? _____

YOUR INFORMATION: (Plaintiff / Petitioner/ Attorney or Process Servers)

Name _____

Address _____

Phone Number _____ Email _____

FOR PROTECTION ORDERS ONLY

Does the deputy have to remove the restrained party? YES / NO

FOR EVICTIONS ONLY

Notice to Quit/ Demand for Compliance _____ Summons FED _____ Writ of Restitution _____