

# OFFICE OF THE EX-OFFICIO CONSTABLE

330 S. 3RD STREET, SUITE 600, LAS VEGAS, NV 89101

## CIVIL PROCESS FORM

LVTC: \_\_\_\_\_

CASE #: \_\_\_\_\_

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

ZIP CODE: \_\_\_\_\_

SERVICE FEE: \_\_\_\_\_

### PLEASE COMPLETE THE FOLLOWING INFORMATION ABOUT THE PERSON OR COMPANY WE ARE SERVING

Name and Title of Person to be served. IF COMPANY CORPORATION, PROVIDE THE OWNER NAME, CORPORATE OFFICERS OR RESIDENT AGENT.

NAME OR BUSINESS: \_\_\_\_\_

HOME ADDRESS/Apt or Ste #/Zip Code: \_\_\_\_\_

EMPLOYER AND EMPLOYER ADDRESS: \_\_\_\_\_

BEST TIME TO SERVE DURING NORMAL BUSINESS HOURS: HOME: \_\_\_\_\_ WORK: \_\_\_\_\_

PHONE # OF PERSON TO BE SERVED: HOME/WORK: \_\_\_\_\_ MOBILE: \_\_\_\_\_

DESCRIPTION: RACE: \_\_\_\_\_ SEX: \_\_\_\_\_ AGE: \_\_\_\_\_ HT: \_\_\_\_\_ WT: \_\_\_\_\_ HAIR: \_\_\_\_\_ EYES: \_\_\_\_\_

VEHICLE: YEAR: \_\_\_\_\_ MAKE: \_\_\_\_\_ BODY STYLE: \_\_\_\_\_ COLOR: \_\_\_\_\_ PLATE: \_\_\_\_\_

OTHER INFORMATION TO HELP US SERVE THE DEFENDANT:

PLAINTIFF NAME: \_\_\_\_\_ TELEPHONE # \_\_\_\_\_

ADDRESS: \_\_\_\_\_

## DEPUTY WORKSHEET

DEPUTY ASSIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

### SERVICE ATTEMPTS

1. DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ LOCATIONS: \_\_\_\_\_

2. DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ LOCATIONS: \_\_\_\_\_

3. DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ LOCATIONS: \_\_\_\_\_

DEPUTY NOTES: \_\_\_\_\_

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