

(TO BE FILLED OUT BY APPLICANT)

Instructions: Please provide all information known to you. Please print information clearly. All requested information is helpful for service, even if the information is only partially known. Please note that if you do not provide an address for the Adverse Party, or if the sheriff/constable cannot effectuate service at the address you give, applicant has the ultimate responsibility for having the Adverse Party served by private process server or other means.

APPLICANT DATA

Name: Last, First, Middle
Address: Street, City, State, Zip
Mailing: If different from above. Street, City, State, Zip

Phone: Home, Work, Cell

Name of Minor: Last, First, Middle
Other Name Used By Minor: Last, First, Middle
Additional Contact Person: Name, Phone, Address

ADVERSE PARTY DATA

Adverse Name: Last, First, Middle
Other Name Used: Last, First, Middle

Adverse Party Relationship to Minor, DOB, SSN

Last Known Address: Street, City, State, Zip
Mailing: If different from above. Street, City, State, Zip

Is Address difficult to find? YES NO If yes, please explain:
Other Likely Address: Street, City, State, Zip

Phone: Home, Work, Cell
Occupation, Employer, Work Days, Work Hours

Employer Address: Street, City, State, Zip

Hair Color, Eye Color, Height, Weight, Sex, Race

Scars/Marks/Tattoos (Description and location:
Does the Adverse Party speak English? YES NO If not, what language?

Vehicle Make, Model, Year, License Number, State

Are the Minor and the Adverse Party living together now? YES NO
Are the Minor and the Adverse Party employed by the same employer? YES NO
Is the Adverse Party likely to react violently when served? YES NO
Is the Adverse Party likely to avoid service? YES NO
Does the Adverse Party have a Carrying Concealed Weapon (CCW) Permit? YES NO
Does the Adverse Party have access to weapons? YES NO

If yes, please describe the type and location of weapon(s).
Does the Adverse Party's history include Assault Assault with a weapon Battery mental health problems
Drug/alcohol abuse Outstanding/prior arrest warrants Safety issues

If yes, please explain:

Do not write in this space. For court purposes only.
Issuing Court ORI: NV Court Case Number:

Law Enforcement: DO NOT SERVE THIS SHEET WITH DOCUMENTS TO BE DELIVERED!