

OFFICE OF THE EX-OFFICIO CONSTABLE

301 E. CLARK AVE., STE. 100, 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: _____
