

WASHOE COUNTY SHERIFF'S OFFICE

CIVIL SECTION



INSTRUCTIONS FOR SERVICE PLEASE FILL OUT COMPLETELY

What Type of Paper is Being Served? <input type="checkbox"/> Protection Order <input type="checkbox"/> Notice of Hearing <input type="checkbox"/> Summons & Complaint <input type="checkbox"/> Subpoena <input type="checkbox"/> Other: _____									
Name of Person Being Served Name: _____ <div style="display: flex; justify-content: space-between; width: 100%;"> Last First Middle </div>							Alias _____		
Date of Birth	SS#	<input type="checkbox"/> Male <input type="checkbox"/> Female	Race	Height	Weight	Eye Color	Hair Color		
Last Known Address Street: _____ City: _____ State: _____ Zip: _____				Phone(s) w/Area Code _____		Need Interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No Language: _____			
Employer Name		Employer Address Street: _____ City: _____ State: _____ Zip: _____			WORK Hours: Phone: _____				
Vehicle License Number	Vehicle Make and Model	Vehicle Color	Vehicle Year	Driver's License Number		State			
Does the restrained person have a disability, brain injury, or impairment requiring special assistance when law enforcement serves the order? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe (continue on back if needed)									
Hazard Information - Restrained Person's History Includes: <input type="checkbox"/> Involuntary/Voluntary Commitment <input type="checkbox"/> Suicide Attempt or Threats <input type="checkbox"/> Assault <input type="checkbox"/> Assault with Deadly Weapons <input type="checkbox"/> Alcohol/Drug Abuse <input type="checkbox"/> Other: _____				Weapons: <input type="checkbox"/> Handguns <input type="checkbox"/> Rifles <input type="checkbox"/> Knives <input type="checkbox"/> Explosives <input type="checkbox"/> Other _____				Location of Weapons: <input type="checkbox"/> Vehicle <input type="checkbox"/> on Person <input type="checkbox"/> Residence Describe in detail: _____	
Plaintiff / Applicant Information Name: _____ <div style="display: flex; justify-content: space-between; width: 100%;"> Last First Middle </div>									
Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female	Race	Height	Weight	Eye Color	Hair Color			
If your information <u>is not confidential</u> , you must enter your address and phone number(s) Current Address Street: _____ City: _____ State: _____ Zip: _____				Phone(s) w/Area Code _____		Need Interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No Language: _____			
If your information <u>is confidential</u> , you must provide the name, address and phone number of someone willing to be your "contact."									
Contact Name		Contact Address Street: _____ City: _____ State: _____ Zip: _____			Contact Phone				