



OFFICE OF SHERIFF, FREMONT COUNTY

100 JUSTICE CENTER ROAD · Canon City, Colorado 81212
Phone (719) 276-5555 · FAX (719) 276-5593



CIVIL PROCESS INTAKE FORM

Please complete the following legibly and to the best of your knowledge to expedite the processing and service of your papers.

YOUR INFORMATION:

Name: _____ Company: _____

Address: _____
Number/PO Box Street City State Zip

Phone Numbers: (_____) - _____ (_____) - _____
Home/Cell Other

PERSON/BUSINESS BEING SERVED:

(1) Name/Business Name : _____
Last Name/Business First Middle

(2) Name/Business Name: _____
Last Name/Business First Middle

Address: _____
Number Street City State Zip

Employer: _____
Company Name Department Supervisor

Address: _____
Number Street City State Zip

Phone Numbers: (_____) - _____ (_____) - _____
Office Other

TELL US MORE ABOUT THEM:

(1) Male Female Height: _____ Weight: _____ Eyes: _____ Hair: _____ Date of Birth/Age: _____

(2) Male Female Height: _____ Weight: _____ Eyes: _____ Hair: _____ Date of Birth/Age: _____

ANY ADDITIONAL INFORMATION, VEHICLE DESCRIPTION ETC WOULD BE HELPFUL:

They may try to avoid service They do not like law enforcement Weapons on the property Large dog(s) on the property

Check all that apply:

Call me when served Return served papers by mail
 I will come pick up my papers when they have been served

Attempts:

Mileage fees are charged PER ATTEMPT based on the patrol zone the
Service Location is in. How many attempts would you like us to make? _____

Acknowledgement:

Pursuant to Colorado Law (CRS 30-1-116, The Sheriff's Office requires that all fees be paid in advance. My signature is my acknowledgement of this advisement and my agreement to pay all fees associated with Civil Process.

Signature _____

Date _____

SHERIFF'S OFFICE USE ONLY

Fees: [] Paid [] Waived (DV Related)
[] Bill (Government or Collections Agency)

Payment Type: [] Cash [] Check/Money Order

Check# _____

Amount: \$ _____

Mileage Charge: [] Actual _____ [] Zone _____