



# OFFICE OF SHERIFF, FREMONT COUNTY

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



## CIVIL PROCESS INFORMATION FORM

**NAME of party requesting the service:** \_\_\_\_\_

(If a business, list a contact name) \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone Number(s):** \_\_\_\_\_ (O) \_\_\_\_\_

**Name of party to be served:**

\_\_\_\_\_

**DOB or Approx. age:** \_\_\_\_\_

**JAIL/PRISON FACILITY:** \_\_\_\_\_

**INMATE #:** \_\_\_\_\_

**Additional parties to be served:**

\_\_\_\_\_

**DOB or Approx. age:** \_\_\_\_\_

**Street address is required (PO Box not accepted)**

\_\_\_\_\_

**City:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Place of employment & hours:** \_\_\_\_\_

\_\_\_\_\_

**Street address is required (PO Box not accepted)**

\_\_\_\_\_

**City:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Place of employment & hours:** \_\_\_\_\_

\_\_\_\_\_

**Description of vehicles, best time/place to serve, etc.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Description of vehicles, best time/place to serve, etc.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**How would you like to receive your proof of service?** Pick up at FCSO  or By Mail

**Evictions only:** Personal Service is not guaranteed on eviction proceedings. Would you like your papers posted on the final attempt? YES  or NO

Pursuant to Colorado Law (CRS 30-1-116), The Sheriff's Office requires that all fees be paid in advance. Your signature acknowledges that you will pay all Sheriff's fees associated with this civil process.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Office Use Only: Waived	Amount \$	Cash	Check#
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