

INFORMATION FOR PERSONAL SERVICE OF SMALL CLAIMS ACTION

INCLUDE ALL INFORMATION YOU HAVE AVAILABLE

Case No. _____

DEFENDANT:

Name: _____ Home Phone _____

Spouse ' s name _____

Present address _____
Street Address City State ZIP

Defendant's employer _____
Name of business Address Phone

Spouse's employer _____
Name of business Address Phone

Automobile _____
Year Make Model License number

Description of defendant:

[] [] [] [] [] [] [] []
Race Sex Birthdate Age Height Weight Married Single

Directions must be drawn below if a street number is not available to assure personal service of the claim. A route number or box number is not sufficient for personal service.

Plaintiff _____ Date _____

Address _____ Phone _____