



# 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

ALL ADDRESSES FOR SERVICE MUST BE IN FREMONT COUNTY

All papers received today will be assigned for attempt of service the next business day.

If you are requesting service on a Dept of Corrections or Federal Bureau of Prisons inmate, you MUST provide the name of their current facility and their assigned inmate number.

PERSON TO BE SERVED: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: Home \_\_\_\_\_ Cell \_\_\_\_\_

Employer Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Hours: \_\_\_\_\_

DOC or FBOP Facility: \_\_\_\_\_ Inmate Number: \_\_\_\_\_

Personal Information about person being served: Approx. Age \_\_\_\_\_ Race: \_\_\_\_\_ Male  Female

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_ May try to avoid service

Additional Information (vehicle description/best time to serve, etc):

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YOUR NAME: \_\_\_\_\_

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

Phone Number (s): (H) \_\_\_\_\_ (C) \_\_\_\_\_

(If the name above is a company, list a contact name) \_\_\_\_\_

Would you like a call when your papers are served? YES  or NO

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 assume responsibility for and agree to pay any and all fees associated with the serve and /or attempted serve of this civil process.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Office Use Only:	Waived	Amount \$	Cash	Check#
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