WASHOE COUNTY SHERIFF'S OFFICE
CIVIL SECTION

INSTRUCTIONS FOR SERVICE
PLEASE FILL OUT COMPLETELY
CONFIDENTIAL FORM

Person Being Served Information

Last Name _____ First Name _____ Middle Name _____ Date of Birth _____

Current Address: _____
Street Address (No PO Boxes)

Phone Numbers:
Home: _____
Cell: _____

Need Interpreter: ☐ Yes ☐ No
Language:

City: _____ State: _____ Zip: _____ Other: _____ _____

Animals: ☐ Yes ☐ No Are animals aggressive? ☐ Yes ☐ No Types of Animals: _____

Vehicle Make and Model: _____ Vehicle Color _____

Employer Information

Employer Name: _____ Work Phone#: _____

Employer Address: _____ Work Days Off: _____
Street Address (No PO Boxes)

Work Hours: _____

City: _____ State: _____ Zip: _____

Hazard Information

Does the person being served have a disability, brain injury, or impairment requiring special assistance when law enforcement serves the order? ☐ Yes ☐ No

If yes, please explain: _____

Restrained Person's History Includes: (Check all that apply)
☐ Involuntary/Voluntary Commitment ☐ Suicide Attempt or Threats
☐ Assault ☐ Assault with Deadly Weapons ☐ Alcohol/Drug *Abuse*

Additional: _____

Weapons:
Type of Weapon(s): ☐ Handgun ☐ Rifles ☐ Knives ☐ Explosives ☐ Other
If Other, please explain: _____
Location of Weapons ☐ Vehicle ☐ On Person ☐ Residence ☐ Other: _____

Plaintiff/Applicant Information

Last Name _____ First Name _____ Middle Name _____ Date of Birth _____

*****TPO ONLY*** Is address Confidential? ☐ Yes ☐ No**

Current Address: _____
Street Address (No PO Boxes)

Phone Numbers:
Home: _____
Cell: _____

Need Interpreter: ☐ Yes ☐ No
Language:

City: _____ State: _____ Zip: _____ Other: _____ _____

***** Office Use Only*****

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