## WASHOE COUNTY SHERIFF'S OFFICE CIVIL SECTION

INSTRUCTIONS FOR SERVICE

PLEASE FILL OUT AS MUCH AS POSSIBLE

**CONFIDENTIAL – THIS FORM WILL NOT BE SERVED** 

## **Adverse Party Information**

Animals:  Yes  No Vehicle Make and Mod	00	∕e? □ Yes □No T	ypes of Animals: Vehicle Color	
Employer Name:			Work Phone#:	
Employer Address:			Work Days Off:	
		Street Address (No PO Boxes)		
City:	State:	Zip:		
Hazard Information				
Does the person being enforcement serves the If yes, please explain:	e order? 🗌 Yes 🗌 No	brain injury, or impair	ment requiring special assistance when law	1
Restrained Person's Hi (Check all that ap Additional:		voluntary/Voluntary Co sault 🗌 Assault with		ireats
Weapons: Type of Weapon(s): If Other, please expla Location of Weapons	in:	Knives Explosi	ives Other	
Additional information to assist in locating and serving the Adverse Party (Example: additional addresses the Adverse party may frequent, additional phone numbers, if phone number is text only or Wi-Fi only, etc.):				

