

**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:	Phone Numbers:	Need Interpreter:	
_____	Home: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address (No PO Boxes)	Cell: _____	Language:	
City: _____	State: _____	Zip: _____	Other: _____
Animals: <input type="checkbox"/> Yes <input type="checkbox"/> No	Are animals aggressive? <input type="checkbox"/> Yes <input type="checkbox"/> 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: Involuntary/Voluntary Commitment Suicide Attempt or Threats
(Check all that apply) 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? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Current Address:	Phone Numbers:	Need Interpreter:	
_____	Home: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address (No PO Boxes)	Cell: _____	Language:	
City: _____	State: _____	Zip: _____	Other: _____

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