



Process Request – Please Type/Print All Information

Cause Number: _____

Type of service: _____

Document to be served: _____

*You must provide one copy of the instrument being served for each person
OR pay costs of copies for document (s) being attached.

Service by: (check one)

- BCSO Bo Stallman
- Constable David Thacker Pct. 1
- Constable Willie Howell Pct. 2
- Constable Buck Stevens Pct. 3
- Constable James Brawner Pct. 4
- Clerk Service by Certified Mail
- Publication to OCA Portal/Website
- Posting
- Publication (Name & Address of Newspaper): _____
- Return to Attorney by Mail or Email _____
- Private Process Server (Name) _____

To expedite service, please provide as much information as possible by completing the blanks below.

***Use additional pages for multiple parties being served.**

Service Information

Name: _____ Descr: Male Female, Date of Birth / /

Race _____ Eyes _____ Hair _____

Tattoos, Scars, Facial Hair, Glasses, Etc.: _____

Physical address with County Road if applicable: _____

Other address person may be found: _____

Gate Access Code _____ Building Number _____

Descr. of house, i.e., trailer park, subdivision: _____

Cell/Home Phone: _____ Work: _____

Any vehicles?

Yr _____ Make _____ Model _____ Color _____ LP# _____

Best time to Serve: Days Evenings Nights

Name and address of Employer: _____

List any other information the deputies should know. For example, is party being served known to be violent, owns weapons, mental or physical illness, dogs in yard, locked gates, etc.

Service requested by:

Name and Email: _____

Cell/Home Phone: _____ Work: _____