

CASE INFORMATION OF INDIVIDUAL TO BE SERVED

Failure to complete the following information may result in delay of service and additional fees.



817-228-2092

tridentftw@att.net

PERSONAL INFORMATION

Respondent's Name	<input type="text"/>	Primary Language	<input type="text"/>
Home Address	<input type="text"/>		
Apt. Complex/ Dvpmnt Name	<input type="text"/>	Are They Violent?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Gate Code	<input type="text"/>	Would they Evade Service?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Who Does Respondent Reside With	<input type="text"/>	Could They Be Dangerous to the Process Server?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Phone Number	<input type="text"/>	Employer Name	<input type="text"/>
Work Number	<input type="text"/>	Employer Address	<input type="text"/>
What is Their Name on Social Media? Please List All Forms	<input type="text"/>		
Daily Activities/Schedule? (Kids Soccer, Gym, Etc.) Known Days/Times	<input type="text"/>		

PHYSICAL DESCRIPTION

Height	<input type="text"/>	Weight	<input type="text"/>	Age	<input type="text"/>
Date of Birth	<input type="text"/>	Race	<input type="text"/>	Eye Color	<input type="text"/>
Hair Color/Style	<input type="text"/>		Visible Scars or Tattoos	<input type="text"/>	

VEHICLE DESCRIPTION

Make	<input type="text"/>	Model	<input type="text"/>
Year	<input type="text"/>	Color	<input type="text"/>
License Plate #	<input type="text"/>	State	<input type="text"/>
Describe Any Damage, Bumper Stickers, Etc.	<input type="text"/>		

****It is imperative that the possibility of having the Respondent/Petitioner served is NOT discussed as this often intimidates the person into "hiding" and creates unnecessary complications for you, our office, and the official attempting service****

In an effort to expedite service please provide your info in the event we need to contact you for any updated information that could help complete service.

Petitioner's Name

Petitioner's Phone Number

