
 (YOUR NAME)

 (ADDRESS)

 (CITY/STATE/ZIP CODE)

 (TELEPHONE NUMBER)

 (NAME OF COUNTY) County Sheriff

 (ADDRESS)

 (CITY/STATE/ZIP)

NAME OF PERSON TO BE SERVED: _____

COURT CASE NUMBER: _____

I enclose a copy of the following documents: (LIST ALL DOCUMENTS YOU WANT SERVED)

1. _____
2. _____
3. _____
4. _____
5. _____

Please serve these papers on person named above. Current address and physical description are:

 (HOME ADDRESS) (WORK ADDRESS)

 (HOME CITY/STATE/ZIP) (WORK CITY/STATE, ZIP)

SEX	RACE	BIRTH	HGT.	WGT.	EYES	HAIR	SSN

Please return a notarized Affidavit of Service to my address at your earliest convenience. _____
 County Superior Court requires that each document served be named in the Affidavit of Service.

I enclose a deposit for \$200.00. I understand there is a \$16.00 service fee, \$2.40 per mile, one way, for each attempt at service travel fee, and an \$8.00 documentation fee. I understand the difference between my deposit and the fees accrued for service will be billed or returned to me.
 OR,

I enclose a certified copy of the Order for Waiver/Deferral of fees for Service of Process.

Thank you for your cooperation in this matter.

 (YOUR SIGNATURE)

Enclosures