

Instructions to law enforcement: Do **not** serve this form with the other papers. You may keep this form for your records or destroy it.

Instructions to the court: Do **not** file this form. Provide to law enforcement to help find and identify the party to be served.

Service Assistance Form
This is a Private Record (CJA 4-202.02)

| | | | |
|---------------|--|-----------------------|--|
| Case Number | | Document to be Served | |
| Court Address | | | |

| Information About You | | | | Information About the Party to be Served | | | |
|--|--|---|--|---|--|---|--|
| <input type="checkbox"/> Plaintiff/Petitioner | | <input type="checkbox"/> Defendant/Respondent | | <input type="checkbox"/> Plaintiff/Petitioner | | <input type="checkbox"/> Defendant/Respondent | |
| Name | | | | Name | | | |
| Alias/Nickname | | | | Alias/Nickname | | | |
| Home address, city, state, zip | | | | Home address, city, state, zip | | | |
| Home phone | | | | Home phone | | | |
| Best times to reach | | | | Best times to reach | | | |
| Work name & address, city, state, zip | | | | Work name & address, city, state, zip | | | |
| Work phone | | | | Work phone | | | |
| Best times to reach | | | | Best times to reach | | | |
| Cell phone | | | | Cell phone | | | |
| SSN | | DOB | | SSN | | DOB | |
| | | | | Race | | Sex | |
| | | | | Weight | | Height | |
| | | | | Hair color | | Eye color | |
| Special characteristics (tattoos, scars, etc.) | | | | | | | |
| | | | | Driver's license number | | | |
| | | | | Vehicle license number | | | |
| | | | | Make | | Model | |
| | | | | Year | | Color | |
| If this person is on probation or parole, list the name of the agency, officer, and telephone number. | | | | | | | |
| Has this person used weapons or been violent in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | |