



YAVAPAI COUNTY SHERIFF'S OFFICE

CIVIL PROCESS INFORMATION SHEET

PETITIONER INFORMATION

NAME:		Date of Birth:	
PHYSICAL ADDRESS:			
	<i>Number / Street Name / City / State / Zip</i>		
MAILING ADDRESS:			
	<i>Number / Street Name / City / State / Zip</i>		
CONTACT PHONE #			

**FOR OFFICER SAFETY PURPOSES
PLEASE COMPLETE AS MUCH INFORMATION AS POSSIBLE**

DEFENDANT INFORMATION

NAME:		Date of Birth:	
CURRENT ADDRESS:			
	<i>Number / Street Name / City / State / Zip</i>		
HOME PHONE #			
DIRECTIONS:	<i>(OR YOU CAN PROVIDE A MAP)</i>		
WORK ADDRESS:			
	<i>Number / Street Name / City / State / Zip</i>		
WORK PHONE #			

PHYSICAL DESCRIPTION

SEX:		RACE:		HEIGHT:		WEIGHT:	
HAIR COLOR:		EYE COLOR:		FACIAL HAIR			
LENGTH / TYPE OF HAIR							
TATOO(S):							
OTHER MARKS:							

VEHICLE DESCRIPTION

YEAR		MAKE		COLOR	
LICENSE PLATE #					

HAS HE/SHE EVER BEEN ARRESTED?	
IF YES, WHEN & WHY?	

IS THERE A HISTORY OF DRUG OR ALCOHOL ABUSE?	
IF SO, EXPLAIN?	

OTHER INFORMATION THAT MAY BE IMPORTANT (*OFFICER SAFETY / WEAPONS, ETC*)

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