



MANITOWOC COUNTY SHERIFF'S OFFICE

1025 South 9th Street • Manitowoc, Wisconsin 54220

Sheriff - Robert C. Hermann

Inspector - Gregg J. Schetter

INFORMATION SHEET FOR CIVIL PROCESS/PAPER SERVICE

To the Petitioner/Submitter:

You are requested to provide, to the best of your ability the following information. It is understood that all information may not be available to you. However, all information provided will assist us in the service of your papers.

Court Date: _____ *Court Time:* _____ *Serve By Date:* _____

PLEASE PRINT CLEARLY

INFORMATION ON THE PERSON TO BE SERVED:

Paper Service For: Name: _____ Date of Birth: _____ or Age: _____

Present Address: _____ Home Phone #: (_____) _____

Temporary Address: _____ Cell Phone #: (_____) _____

Vehicle: _____ Color: _____ License Plate: _____

Place of Employment: _____

Address: _____

Shift/Hours: _____ Work Phone #: (_____) _____

Suggested Time to Serve Papers: _____

Comments: _____

******COMPLETE FOR DOMESTIC ABUSE SERVICE ONLY******

Does the Respondent possess any firearms? Yes / No How many? _____

Where are the firearms stored? _____

Must the Respondent be removed from the residence? Yes / No 72 Hour no contact in effect? Yes / No

Person Requesting Service/Billing Information (MUST BE COMPLETED!)

I understand that I will be billed for the service, unless I have provided an Indigency Order.

Your Name: _____ Date of Birth: _____ Sex: M / F
(Last Name) (First Name) (M.I.)

Mailing Address: _____

Telephone Number: (_____) _____ Cellphone Number: (_____) _____

There is no fee for serving Temporary Restraining Orders or Injunctions.