

**INFORMATION FOR PERSONAL SERVICE OF SMALL CLAIMS ACTION**

INCLUDE ALL INFORMATION YOU HAVE AVAILABLE

Case No. \_\_\_\_\_

DEFENDANT:

Name: \_\_\_\_\_ Home Phone \_\_\_\_\_

Spouse ' s name \_\_\_\_\_

Present address \_\_\_\_\_  
Street Address City State ZIP

Defendant's employer \_\_\_\_\_  
Name of business Address Phone

Spouse's employer \_\_\_\_\_  
Name of business Address Phone

Automobile \_\_\_\_\_  
Year Make Model License number

Description of defendant:

[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  
Race Sex Birthdate Age Height Weight Married Single

Directions must be drawn below if a street number is not available to assure personal service of the claim. A route number or box number is not sufficient for personal service.

Plaintiff \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_