### **CAO SC 2-2**

### **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