

LAS VEGAS TOWNSHIP CONSTABLE'S OFFICE
PO Box 552110, Las Vegas, NV 89155 -2110

LVTCH#
CASE #:
COURT DATE
ZIP CODE:
SERVICE FEE:

CIVIL PROCESS FORM

PLEASE COMPLETE THE FOLLOWING INFORMATION ABOUT THE PERSON OR COMPANY WE ARE SERVING.

Name & Title of Person to be served: IF COMPANY OR CORPORATION, PROVIDE THE OWNER NAME, CORPORATE OFFICERS OR RESIDENT AGENT.

NAME OR BUSINESS:

HOME ADDRESS/Apt #, Suite # & Zip Code:

EMPLOYER & EMPLOYER ADDRESS:

BEST TIME TO SERVE @HOME: a.m./p.m. @WORK: a.m./p.m.

PHONE NUMBER OF PERSON TO BE SERVED @HOME: @WORK

DESCRIPTION: RACE SEX AGE HEIGHT WEIGHT HAIR COLOR EYES SS#

VEHICLE - YEAR MAKE BODY STYLE COLOR PLATE # STATE

OTHER INFORMATION TO HELP US SERVE THE DEFENDANT:

PLAINTIFF'S DAY TIME PHONE #: EVENING PHONE #

PLAINTIFF'S NAME & ADDRESS:

DEPUTY WORKSHEET

DEPUTY ASSIGNED: **DATE:**

SERVICE ATTEMPTS:

1. DATE: TIME: LOCATION:

2. DATE: TIME: LOCATION:

3. DATE: TIME: LOCATION:

DEPUTY NOTES:

NEW EMPLOYER ADDRESS:

NEW HOME ADDRESS: