WASHOE COUNTY SHERIFF'S OFFICE

CIVIL SECTION



What Type of Paper is Being Served? □ Protection Order □ Notice of Hearing □ Summon □ Other:								mmons & Complaint Subpoena				
Name of Person Being Served									Alias			
Name:												
Last	First				Middle							
Date of Birth	SS#			□Male □Female	Race		Height	Weight	Eye Color		Hair Color	
Last Known Address							Phone(s) w/Area Code		Need Interpreter? □Yes □ No Language:			
Street:												
City Sate: Zip:								Language.				
Employer Name	Employer Address					WORK						
Employer Name	Street:						Hours:					
City						Sate: Zip:				Phone:		
Vehicle License Number Vehicle Mak			e and Moo	del Vehic	cle Color	Vehicle Year		Driver's License N	river's License Number		State	
Does the restrained person have a disability, brain injury, or impairment requiring special assistance when law enforcement serves the order?												
☐ Yes ☐ No If yes, describe (continue on back if needed)												
Hazard Information - Restrained Person's History Includes: Involuntary/Voluntary Commitment Suicide Attempt or Threats Assault Assault with Deadly Weapons Alcohol/Drug Abuse Other: Describe in detail:												
Plaintiff / Applican	nt Informa	ation										
Name:				Firs				 Middle				
Last					st							
Date of Birth	Date of Birth ☐ Male ☐		□Female		Race		Height	Weight	Eye Color		Hair Color	
If your information is not confidential, you must enter your address and phone number(s)												
Current Address Phone(s) w/A								Area Code Need Interpreter? □Yes □			? □Yes □	
Street:									No			
City Sate: Zip: Langu									Language			
If your information is confidential, you must provide the name, address and phone number of someone willing to be your "contact."												
Contact Name Conta			ntact Address					Contact Phone				
		:										
	City	City			Sate: Zip:		Zip:					