WASHOE COUNTY SHERIFF'S OFFICE CIVIL SECTION

INSTRUCTIONS FOR SERVICE

PLEASE FILL OUT COMPLETELY

CONFIDENTIAL FORM



	nformation				
Last Name		 First Name	First Name		Date of Birth
Current Address:		Phone Nun Home:		ibers:	Need Interpreter:
Street Address (No PO Boxes)		Cell:		Language:	
City:	State:	Zip:	Other:		
Animals: Yes No Vehicle Make and Model		ressive? Yes No			
Employer Information	-			-	-
Employer Name: Employer Address:				Work Phone#: Work Days Off:	
City:	St State:	reet Address (No PO Boxes) Zip:		Work Hours:	
Hazard Information		[_] [_]	-		
enforcement serves the c If yes, please explain:	_	_			
If yes, please explain: Restrained Person's Hist (Check all that apply Additional: Weapons:	vy Includes:] Involuntary/Voluntary] Assault Assault w ifles Knives Exp	y Commitment ith Deadly Wea		Attempt or Threats Drug <i>Abuse</i>
If yes, please explain: Restrained Person's Histo (Check all that apply Additional: Weapons: Type of Weapon(s): [o ry Includes: [^{۷)} [] Handgun [] R	Involuntary/Voluntary	y Commitment ith Deadly Wea losives 🗌 Ot	pons 🗌 Alcohol/	
If yes, please explain: Restrained Person's Histor (Check all that apply Additional: Weapons: Type of Weapon(s): If Other, please explain	Handgun R V Vehicle O	Involuntary/Voluntary	y Commitment ith Deadly Wea losives 🗌 Ot	pons 🗌 Alcohol/	
If yes, please explain: Restrained Person's Histo (Check all that apply Additional: Weapons: Type of Weapon(s): [If Other, please explain Location of Weapons	Handgun R V Vehicle O	Involuntary/Voluntary	y Commitment ith Deadly Wea losives 🗌 Ot	pons 🗌 Alcohol/	
If yes, please explain: Restrained Person's Histo (Check all that apply Additional: Weapons: Type of Weapon(s): [If Other, please explain Location of Weapons	Handgun R Vehicle O Ormation	Involuntary/Voluntary Assault Assault Assault w ifles Knives Exp n Person Residence First Name	y Commitment ith Deadly Wea losives 0t	pons Alcohol/ her Middle Name	
If yes, please explain: Restrained Person's Hist (Check all that apply Additional: Weapons: Type of Weapon(s): [If Other, please explain Location of Weapons Plaintiff/Applicant Info	Handgun R Vehicle O Ormation	Involuntary/Voluntary	y Commitment ith Deadly Wea losives 0t	pons Alcohol/ her Middle Name s 🗌 No	Drug Abuse
If yes, please explain: Restrained Person's Histo (Check all that apply Additional: Weapons: Type of Weapon(s): [If Other, please explain Location of Weapons Plaintiff/Applicant Info Last Name Current Address:	Handgun R Vehicle O Ormation	Involuntary/Voluntary Assault Assault Assault w ifles Knives Exp n Person Residence First Name NLY*** Is address Confid	y Commitment ith Deadly Wea losives Ot Other: Other: Adential? Yes Phone Num Home:	pons Alcohol/ her Middle Name s 🗌 No	Drug Abuse Date of Birth Need Interpreter:
If yes, please explain: Restrained Person's Histo (Check all that apply Additional: Weapons: Type of Weapon(s): [If Other, please explain Location of Weapons Plaintiff/Applicant Info Last Name Current Address:	Ory Includes: Handgun Handgun Vehicle Ormation e ***TPO ON eet Address (No PO B)	Involuntary/Voluntary Assault Assault Assault w Ifles Knives Exp In Person Residence First Name NLY*** Is address Confid Boxes)	y Commitment ith Deadly Wea losives Ot Other: Other: Hone Num Home: Cell:	pons Alcohol/ her Middle Name s D No abers:	Drug Abuse Drug Abuse Date of Birth Need Interpreter: Yes No