



NOTICE: This document contains sensitive data

Constable C.B. "Buck" Stevens

Brazoria County Precinct 3
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SERVICE INFORMATION SHEET

In order to expedite service, please provide as much information as possible. Please use additional pages for multiple defendants.

Defendant's (the Person Being Served) Information - PLEASE PRINT CLEARLY

Full Name: _____						Nickname(s):	
FIRST		MIDDLE (IF ANY)		LAST			
Phone 1:			Phone 2:			Other:	
Service Address: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other							<input type="checkbox"/>
STREET NUMBER STREET NAME CITY ST ZIP GATE CODE							Serve here ONLY
Other Address Person may be found: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other							<input type="checkbox"/>
STREET NUMBER STREET NAME CITY STATE ZIP CODE							Serve here ONLY
Color or Other descriptions of the Service Location:							
Vehicle Info:		Color:	Year:	Make:	Model:	License Plate:	State:

Description of Person being served - PLEASE PRINT CLEARLY

Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		Hair Color:		Est. Height:		Race:		
Age:		Eye Color:		Est. Weight:		<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic		
Date of Birth		Driver's License #			State		<input type="checkbox"/> Unknown Social Security:	
Other Identifying Features: (Glasses, tattoos, scars, facial hair, etc.):								
Known weapons at Location? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		Other Important Information about Defendant or Location for Service such as known to be violent, other police calls, weapons, mentally or physically ill, dog in yard, lock on gate, etc.):						
Other Occupants at Location? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown								
The best time to serve the Defendant: <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> After 5pm OR Between _____ and _____								

How may we contact YOU? (PRINT CLEARLY)

Your Name:	Phone:	Your email:
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GATE CODE (IF APPLICABLE): _____

Any other information you would like to add or that deputies should know: