

ISLAND COUNTY SHERIFF'S OFFICE

1 NE 7th St. Coupeville, WA 98239 PH: (360)678-4422 FAX: (360)679-7314
www.islandcountywa.gov/sheriff

GENERAL INTAKE INFORMATION FORM

Date received

PRINT BILLING NAME AND MAILING ADDRESS BELOW		
LAST	FIRST	MIDDLE
MAILING ADDRESS		
CITY	STATE	ZIP CODE
EMAIL		PHONE

OFFICE USE ONLY	
DEPOSIT AMOUNT	_____
<input type="checkbox"/> CASH <input type="checkbox"/> CHECK	_____
RECEIPT#	_____
CLERK INITIAL:	_____
CIVIL PROCESS#	_____

I UNDERSTAND –

- A \$60.00 DEPOSIT IS REQUIRED ON ALL SERVICES ON ONE INDIVIDUAL, \$75.00 IF SERVING TWO INDIVIDUALS AT THE SAME ADDRESS WITH THE EXCEPTION OF WRITS OF RESTITUTION (\$100.00 AND A SEPARATE FORM), WRIT OF REPLEVIN (\$250.00 AND A SEPARATE FORM) AND ORDERS OF SALE/WRIT OF EXECUTION (\$350.00 AND A SEPARATE FORM).
- THAT THE FEES COLLECTED MAY NOT COVER THE COSTS OF SERVICE OR MILEAGE, AND THAT I MAY BE BILLED IF THERE IS A BALANCE OWING.
- **THAT ANY FEES PAID ARE NON-REFUNDABLE REGARDLESS OF SUCCESSFUL OR UNSUCCESSFUL SERVICE.**
- THAT RETURNS FOR COURT WILL BE SENT TO ME AND TO THE APPROPRIATE COURT CLERK.

SIGNATURE: _____ **PRINT NAME:** _____
If signed by other than the person listed above

INFORMATION OF PARTY (S) TO BE SERVED				
1ST PERSON – If this is a business or agency, please list business information in the 1 ST person section and the name of the individual in charge in the 2 nd person.				
LAST	FIRST		MIDDLE	
DATE OF BIRTH	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	HEIGHT	WEIGHT	CONTACT PHONE
STREET ADDRESS				CITY
EMPLOYER NAME				WORK HOURS
EMPLOYER ADDRESS				CITY
INFORMATION OF PARTY (S) TO BE SERVED				
2ND PERSON – If this is a business or agency, please list business information in the 1 ST person section and the name of the individual in charge in the 2 nd person.				
LAST	FIRST		MIDDLE	
DATE OF BIRTH	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	HEIGHT	WEIGHT	CONTACT PHONE
STREET ADDRESS				CITY
EMPLOYER NAME				WORK HOURS
EMPLOYER ADDRESS				CITY

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DOCUMENT (S) TO BE SERVED		DATE TO BE SERVED BY	
ADDITIONAL INFORMATION OR REQUEST			
<input type="checkbox"/> MAIL COPY		DATE SENT	
<input type="checkbox"/> EMAIL COPY		DATE SENT	