

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 SEPERATE 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				
1 ST 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
STREET ADDRESS				CITY
EMPLOYER NAME				WORK HOURS
EMPLOYER ADDRESS				CITY

INFORMATION OF PARTY (S) TO BE SERVED				
2 ND 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
STREET ADDRESS				CITY
EMPLOYER NAME				WORK HOURS
EMPLOYER ADDRESS				CITY

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