

INSTRUCTIONS TO THE SHERIFF

ADVANCE FEES REQUIRED PER EACH DEFENDANT OR WITNESS

I AM REQUESTING THE KOOTENAI COUNTY SHERIFF SERVE THE ENCLOSED PAPERWORK ON THE PERSON NAMED BELOW AND I HAVE INCLUDED PREPAYMENT:

CASE NUMBER:

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PLAINTIFF(S) or PETITIONER(S):

vs.

DEFENDANT(S) or RESPONDENT(S):

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PERSON TO BE SERVED. INCLUDE PHYSICAL ADDRESS & PHONE NUMBER:

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IDENTIFYING INFORMATION FOR DEFENDANT OR WITNESS - SOCIAL SECURITY #; DATE OF BIRTH; AND/OR SCARS MARKS OR TATOOS:

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ADDITIONAL INFORMATION: (DIRECTIONS, OPTIONAL ADDRESSES PHONE NUMBERS, WORK HOURS OR BEST TIME TO CONTACT OR ANY INFORMATION LAW ENFORCEMENT MAY USE IN ORDER TO CONTACT THIS PERSON, ETC) :

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PLEASE COMPLETE YOUR INFORMATION FOR CONTACT AND PAYMENT:

DATED:

SIGNATURE OF PLAINTIFF OR ATTORNEY (MUST PERSONALLY SIGN/NO ELECTRONIC SIGNATURE):

PRINT YOUR NAME:

MAILING ADDRESS FOR RETURN OF SERVICE:

CONTACT PHONE NUMBER & EMAIL ADDRESS: