SAGADAHOC COUNTY SHERIFF'S OFFICE CIVIL DIVISION

752 HIGH STREET BATH, MAINE 04530 PHONE 207 443 8528   FAX 207 443 8209

PLEASE FILL OUT THIS INFORMATION SHEET **COMPLETELY- WE WILL NOT ATTEMPT SERVICE IF THIS QUESTIONNAIRE IS INCOMPLETE OR IS NOT ACCOMPANIED BY A CHECK OR MONEY ORDER**
FEE INFORMATION: IN ACCORDANCE WITH MRSA TITLE 14, SECTION 702, WE ARE REQUESTING A DEPOSIT OF **$ 60.00**. **WE CAN NOT ACCEPT CASH**. CHECKS OR MONEY ORDERS SHOULD BE MADE OUT TO **SAGADAHOC COUNTY TREASURER** IF THE AMOUNT IS MORE YOU WILL BE BILLED, IF IT IS LESS A REFUND WILL BE MAILED TO YOU, USUALLY WITHIN THREE WEEKS. IF THIS SERVICE IS PAID FOR BY THE COURT, YOU NEED TO HAVE COURT APPROVAL SIGNED BY A JUDGE **BEFORE** YOU BRING THE PAPERS TO THE SHERIFF'S OFFICE. WE NEED ONE **ORIGINAL** DOCUMENT AND ONE **COPY** FOR EACH PERSON TO BE SERVED. ONCE SERVICE IS MADE WE WILL COMPLETE THE RETURN OF SERVICE(S) AND MAIL THEM BACK TO YOU SO YOU CAN FILE THEM IN THE APPROPRIATE COURT.
WE CANNOT MAKE COPIES AND ARE NOT ALLOWED BY LAW TO GIVE YOU LEGAL ADVICE. OUR ACCEPTANCE OF YOUR DOCUMENTS FOR SERVICE DOES NOT IMPLY THAT THEY MEET LEGAL REQUIREMENTS.
IF YOU ARE NOT AN ATTORNEY WE RECOMMEND THAT YOU CONSULT WITH ONE.

PERSON, FIRM, OR BUSINESS REQUESTING SERVICE:

NAME _____DATE OF BIRTH _____/_____/_____

PHYSICAL ADDRESS_____TOWN_____ZIP_____

MAILING ADDRESS _____TOWN_____ZIP_____

PHONE WORK_____HOME_____CELL_____

PERSON(S) TO BE SERVED _____

NAME (S) _____ DATE OF BIRTH_____/_____/_____

HOME STREET ADDRESS_____TOWN_____ZIP _____

HOUSE/APARTMENT BUILDING/MOBILE HOME – APARTMENT # _____FLOOR_____

COLOR OF BUILDING _____DIRECTIONS _____

TIME OF DAY OR EVENING THE PERSON WILL BE HOME _____

HOME PHONE_____CELL_____WORK_____

NAME OF EMPLOYER AND ADDRESS_____

WORK SCHEDULE - CIRCLE WORK DAYS   M   T   W   TH   F   S   WORK HOURS _____

PHYSICAL DESCRIPTION (IF KNOWN)_____

BIRTH DATE_____/_____/_____HT_____WT_____HAIR COLOR_____

VEHICLES (S) MAKE AND COLOR_____

ANY DOGS KNOWN TO BE AGGRESSIVE ?_____ _____

ARE THERE FIREARMS IN THE RESIDENCE ? _____TYPE_____LOCATION_____

ARE THERE SUBSTANCE ABUSE PROBLEMS (DRUGS OR ALCOHOL) ?_____

IS THE PERSON BEING SERVED ANGRY OR ASSAULTIVE ? _____ARE THEY EXPECTING THIS PAPERWORK____

***OTHER INFORMATION (USE BACK OF THIS PAGE IF NECESSARY*)** _____

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R 05-20-15