

IN THE CIRCUIT COURT OF THE SEVENTH JUDICIAL CIRCUIT  
IN AND FOR VOLUSIA COUNTY, FLORIDA

IN RE: \_\_\_\_\_  
Respondent

CASE NO. \_\_\_\_\_

SERVICE INFORMATION

**The purpose of this form is to aid with personal service. A completed copy of this form shall accompany any document(s) that requires personal service on the respondent. This document shall be completed by the petitioner and verified for completeness by the clerk.**

Is a picture of the respondent attached?  No  Yes

Service or Pickup **Location:** \_\_\_\_\_  
\_\_\_\_\_

Does the PERSON have access to weapons?  No  Yes If yes, describe: \_\_\_\_\_  
\_\_\_\_\_

a. Should this PERSON be considered as violent?  No  Yes

b. Has this person been violent recently or in the past?  No  Yes

If yes to a or b, provide details: \_\_\_\_\_  
\_\_\_\_\_

If this person is homeless, provide name and contact information on who the sheriff can contact for more information along with any other details you can provide to assist in locating the respondent:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Provide as much as you know of the following information about the respondent:

Sex: _____	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Race: _____	Date of Birth: _____
Height: _____	Weight: _____	Hair Color: _____	Eye Color: _____	SS#: _____
Respondent's DL or ID Number: _____			Issuing State: _____	
Distinguishing Marks (Tattoos, Scars, Birth Marks): _____				

Verified By \_\_\_\_\_ (clerk staff)