Ozaukee County Sheriff's Office

Jim Johnson, Sheriff
1201 S Spring St ⬥ PO Box 245
Port Washington, WI 53074-0245
262-284-7172/262-284-8490 (fax)
www.co.ozaukee.wi.us/sheriff

Request for Civil Process Service Information Sheet

GENERAL INFORMATION:

- The Sheriff's Office is required to make three (3) valid attempts of service. If you wish to have more attempts made, please indicate the number _____.
- The fee is $35.00 *per attempt*. A deposit of $35.00 is required to establish service, unless you or your organization has an account already.
- To limit the number of attempts, the plaintiff should include as much information as possible below about the person/business who they want served.
- Employers &/or businesses within Ozaukee County have the option of not allowing employees to receive papers at work. This office may provide service at an individual's place of employment if so ordered by the court, if the plaintiff can document lack of ability to serve elsewhere, or the service is related to the business.
- The Sheriff's Office is not allowed to give legal advice of any kind whatsoever. You may contact an attorney for legal advice.
- The Sheriff's Office cannot serve your papers unless you provide a current physical address.
- The Sheriff's Office will attempt to accommodate but cannot *guarantee* that your papers will be served at a specific time or place.

PARTY TO BE SERVED RESIDENCE

Name: _____ Phone #(s): _____

Home Address: _____ Apt/Unit#: _____

Home City, State, Zip: _____

Home Best Time to Contact: _____ a.m. to _____ p.m. Comments: _____

PARTY TO BE SERVED EMPLOYER

Employer Name: _____ Phone: _____

Employer Address: _____

City, State, Zip: _____

Employer Best Time to Contact: _____ a.m. to _____ p.m. Comments: _____

PARTY TO BE SERVED OTHER INFO

Date of Birth: ____/____/_____ Sex: ☐Male ☐Female Height: _____ Weight:_____ Eyes: _____

Auto Make: _____ Color: _____ License#: _____

REQUESTOR OTHER INFO

Person To Contact: _____ Phone #: _____

Return Papers To: _____ Bill To (If Different)_____

_____ _____

_____ _____

STOP—ITEMS BELOW ARE FOR OFFICE USE ONLY

Case#: _____ Receipt#: _____ Paid: $_____ . _____ Bill To#: _____ Doc#: _____