



**RHODE ISLAND DEPARTMENT OF PUBLIC SAFETY**

**Division of Sheriffs**

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Colonel Ann C. Assumpico  
Director, Department of Public Safety  
Superintendent, Rhode Island State Police

Chief David M. DeCesare  
Sheriff  
Rhode Island Division of Sheriffs

**CIVIL PROCESS-INFORMATION SHEET**

**PLEASE PRINT CLEARLY**

**ALL INFORMATION PROVIDED REMAINS CONFIDENTIAL**

**YOU MUST BRING THIS PROOF OF SERVICE  
TO THE COURT UPON RECEIPT**

**PLAINTIFF:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_

ADDRESS: \_\_\_\_\_ **FLOOR & APT. #** \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME # \_\_\_\_\_ CELL # \_\_\_\_\_ WORK: \_\_\_\_\_

**PERSON BEING SERVED IS THE DEFENDANT** FLOOR AND APT # NEEDED

**DEFENDANT:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_

ADDRESS: \_\_\_\_\_ **FLOOR & APT. #** \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME # \_\_\_\_\_ CELL # \_\_\_\_\_ WORK # \_\_\_\_\_

**PLACE OF EMPLOYMENT:** **(PERSON BEING SERVED)**

COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

DAYS WORKED: \_\_\_\_\_ HOURS WORKED: \_\_\_\_\_

**DESCRIPTION:**

HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ AGE: \_\_\_\_\_ HAIR: \_\_\_\_\_ RACE: \_\_\_\_\_

VEHICLE MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_ COLOR: \_\_\_\_\_

PLATE #: \_\_\_\_\_ BEARD: yes no MUSTACHE: yes no GLASSES: yes no

**ANY ADDITIONAL COMMENTS OR REMARKS:**