

**CONSTABLE'S OFFICE of HENDERSON TOWNSHIP**

**Kenny Taylor, Constable**

**243 Water Street Henderson, NV 89015**

**Phone 702-455-7940 Fax 702-455-7942**

**CIVIL PROCESS FORM**

**PLEASE COMPLETE THE FOLLOWING INFORMATION  
ABOUT THE PERSON OR COMPANY WE ARE SERVING:**

Type:
Case #
Fee Total:
Court Date:

**NAME & TITLE OF PERSON TO BE SERVED: If a company or corporation please provide the name of the owner, corporate officer, or resident agent.**

NAME OR BUSINESS TO BE SERVED:

HOME or BUSINESS ADDRESS (Apt #, Suite #, Zip Code):

EMPLOYER & EMPLOYER ADDRESS:

BEST TIME TO SERVE @ HOME: \_\_\_\_\_ A.M. P.M. @WORK \_\_\_\_\_ A.M. P.M.

PHONE NUMBER OF PERSON TO BE SERVED: HOME \_\_\_\_\_ WORK \_\_\_\_\_

**DESCRIPTION**

RACE \_\_\_\_\_ SEX \_\_\_\_\_ HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_ HAIR COLOR \_\_\_\_\_ EYES \_\_\_\_\_ AGE \_\_\_\_\_

**VEHICLE**

YEAR \_\_\_\_\_ MAKE \_\_\_\_\_ BODY STYLE \_\_\_\_\_ COLOR \_\_\_\_\_ PLATE # \_\_\_\_\_ STATE \_\_\_\_\_

OTHER INFORMATION TO HELP US SERVE THE DEFENDANT:

PLAINTIFF'S DAY PH#: \_\_\_\_\_ CELL PH#: \_\_\_\_\_

PLAINTIFF'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

**(DO NOT WRITE BELOW THIS LINE)**

DEPUTY ASSIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

1. DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ LOCATION: \_\_\_\_\_

2. DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ LOCATION: \_\_\_\_\_

3. DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ LOCATION: \_\_\_\_\_

**REASON FOR NON-SERVICE:**

NEW ADDRESS INFO: \_\_\_\_\_

PERSON ACCEPTING PRINT and SIGN \_\_\_\_\_

Defendant Info (person to be served)

Plaintiff Info

Deputy Worksheet