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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| HENNEPIN COUNTY SHERIFF’S OFFICE  Enforcement Services Division  **Civil Service Information Worksheet** | | | | | | | CivilServe # | | | |
| 1ST SERVICE ATTEMPT | | | | 2ND SERVICE ATTEMPT | | | | 3RD SERVICE ATTEMPT | | |
| Date  / / | Time | | | Date  / / | Time | | | Date  / / | | Time |
| Deputy | CivilServe Entry   Yes  No | | | Deputy | CivilServe Entry   Yes  No | | | Deputy | | CivilServe Entry   Yes  No |
| Notes | | | | Notes | | | | Notes | | |
| THREAT INFORMATION | | | | | THREAT ASSESSMENT | | | | | DONE BY |
| Dangerous Animals Present  Yes Type: | | | | | HCSO Records Check  Yes  No | | | | | Deputy initials |
| Weapons Present  Yes Type: | | | | | Local Records Check  Yes  No | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| History of Criminal Activity  Yes Type: | | | | | Arrest History Check  Yes  No | | | | | Badge # |
| Mental Health Issues  Yes Type: | | | | | Active Warrant Check  Yes  No | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| PERSON TO BE SERVED | | | | | | | | | | |
| Last Name | | | First Name | | | Middle Name | | | In Custody  Yes  Where | |
| Date of Birth  / / | | Race   White  Black  Native  Asian  Other | | | | | | | | Gender   Male  Female |
| Street Address | | | | | Apt or Suite # | | City | | | Zip Code |
| Phone # - Home  / | | | | Phone # - Mobile  / | | | | Phone # - Work  / | | |
| Vehicle Make | | Vehicle Model | | | Vehicle Year | | | Vehicle Plate | | Vehicle Color |
| Place of Employment | | | | | Work Schedule | | | | | |
| Street Address | | | | | Apt or Suite # | | City | | | Zip Code |
| SECOND PERSON TO BE SERVED | | | | | | | | | | |
| Last Name | | | | First Name | | | | Middle Name | | |
| Date of Birth  / / | | Race   White  Black  Native  Asian  Other | | | | | | | | Gender   Male  Female |
| Street Address | | | | | Apt or Suite # | | City | | | Zip Code |
| Phone # - Home  / | | | | Phone # - Mobile  / | | | | Phone # - Work  / | | |
| Place of Employment | | | | | Work Schedule | | | | | |
| Street Address | | | | | Apt or Suite # | | City | | | Zip Code |
| SPECIAL INSTRUCTIONS | | | | | | | | | | |
| (Best day/time to attempt service -- Best method to contact -- Special Hazards/Caution Notes -- Other relevant information) | | | | | | | | | | |
| RETURN AFFIDAVIT TO | | | | | | | | | | |
| Full Name | | | | | Company | | | | | |
| Street Address | | | | | Apt or Suite # | | City | | | Zip Code |
| Phone # - Home  / | | | | Phone # - Mobile  / | | | | Phone # - Work  / | | |

WHITE AREAS – PUBLIC GRAY AREAS – SHERIFF’S OFFICE USE ONLY