CASE NUMBER: _____

PETITIONER'S NAME: _____

D.O.B: _____

PLEASE SERVE RESPONDENT AT:

RESPONDENT'S INFORMATION

NAME: _____

ADDRESS: _____

_____

PHONE NUMBER: _____

OTHER INSTRUCTIONS: _____

_____

_____

RACE: _____ SEX: _____ D.O.B.: _____

HEIGHT: _____ WEIGHT: _____

EYE COLOR: _____ HAIR COLOR: _____

DISTINGUISHING MARKS: _____

_____

VEHICLE (MAKE/MODEL): _____

COLOR: _____ TAG NUMBER: _____

****

PLEASE FORWARD RETURN OF SERVICE INFORMATION TO THE FOLLOWING ADDRESS:

CLERK OF COURTS
P.O. BOX 472
MILTON, FLORIDA 32572
ATTN: DOMESTIC VIOLENCE DIVISION

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT THE DOMESTIC VIOLENCE OFFICE AT (850) 981-5553.