



Constable's Office

HENDERSON TOWNSHIP

243 WATER STREET
HENDERSON, NEVADA 89015
(702) 455-7940

FAX
(702) 455-7942

EARL MITCHELL
Constable

TYPE: _____

CASE #: _____

FEES: _____

COURT DATE: _____

PLEASE COMPLETE THE FOLLOWING INFORMATION ABOUT THE PERSON BEING SERVED:

Person(s) To Be Served: _____

Address Where Documents Should Be Served: _____
Phone #: _____

Place Of Employment: _____

Phone # & Department: _____ Work Schedule: _____

DESCRIPTION

Race: _____ Sex: _____ Height: _____ Weight: _____ Hair: _____ Age: _____ S.S. #: _____

AUTO INFORMATION

Year: _____ Make: _____ Color: _____ Doors: _____ License Plate #: _____ State: _____

Other Possible Location To Be Served: _____

Best Time Of Day To Serve Person: _____

Other Helpful Information: _____

Plaintiff's Name: _____ Phone #: _____

Address: _____

DEPUTY PORTION

Deputy Assigned: _____ Date: _____

SERVICE ATTEMPTS

1. Date: _____ Time: _____ Place: _____

2. Date: _____ Time: _____ Place: _____

DEPUTY WAS UNABLE TO SERVE BECAUSE OF

Nobody Home: _____ Moved: _____ No Longer Employed: _____ According To: _____

As: _____ Does Not Live At This Address According To: _____

Explanation Of Service: _____

DEPUTY PORTION

Status: SERVED UNSERVED (highlight) If Served, Date: _____

SERVICE ATTEMPTS

1. Date: _____ Time: _____ Place: _____

2. Date: _____ Time: _____ Place: _____

DEPUTY WAS UNABLE TO SERVE BECAUSE OF

Nobody Home: _____ Moved: _____ No Longer Employed: _____ According To: _____

As: _____ Does Not Live At This Address According To: _____

Explanation Of Service: _____

DEPUTY SIGNATURE: _____

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