



Constable's Office

HENDERSON TOWNSHIP

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EARL MITCHELL
Constable

WRIT

TYPE: _____
CASE #: _____
FEES: _____

STREET: _____
TO: _____
TO: _____
TO: _____
TO: _____

DEFENDANT

Name: _____ Soc. Sec. #: _____
Address: _____ Phone #: _____

TYPE OF GARNISHMENT AND LOCATION TO BE SERVED:

WAGES

Employer: _____ Phone #: _____
Address: _____
Job Description: _____ Supv./Contact: _____

BANK ATTACHMENT

BANK: _____ Account #: _____
Address: _____ Phone #: _____

PROPERTY

BUSINESS: _____ Contact: _____
Address: _____ Phone #: _____

VEHICLE:

Year: _____ Make: _____ Model: _____ Color: _____ License Plate #: _____

OTHER: _____

Other Helpful Information: _____

PLAINTIFF

Name: _____ Phone #: _____
Address: _____

DEPUTY PORTION

SERVICE ATTEMPTS

1. Date: _____ Time: _____ Place: _____
2. Date: _____ Time: _____ Place: _____

Explanation of Service: _____

Person Accepting Service: _____

DEPUTY SIGNATURE: _____