

KENNEBEC COUNTY SHERIFF'S OFFICE

Ken Mason, Sheriff



CIVIL DIVISION

Harry McKenney, Chief

SERVICE REQUEST CHECK-LIST FORM

In order for us to attempt service, in accordance with Maine Revised Statute, Title 14 Section 702, we are requesting that you attach a retainer of \$90.00. Any unearned portion of your retainer will be refunded and fees and cost exceeding that amount will be billed to you. Please make your bank check or money order payable to: **Kennebec County Treasurers Office**. Money Order or Bank Check only. No personal checks, COD or cash will be accepted.

WHAT WE WILL NEED FROM YOU:

Please make sure you check off ALL items to indicate "YES" below:

- Do you have one "**Original**" document for **each person** to be served?
- Do you have one "**Copy**" for **each person** to be served?
- Are all papers **completely** filled out, including dates and court information?
- Have you enclosed a Money Order or Bank Check for \$90.00?
- Is the address for the person(s) to be served is in **Kennebec County**?
- Have you filled out the **Service Request Information** on the back of this form?

WHAT WE CANNOT DO FOR YOU:

Please remember that our role is to deliver your papers. We cannot give you legal advice or assist you in filling-out your documents. We cannot advise you as to what is the best way to handle your particular situation. By accepting your documents to be served we are not expressing an opinion that they are filled-out properly or are legally sufficient for your purpose.

PLEASE FILL-OUT OTHER SIDE -----}

Civil Office hours are Monday to Fridays 8:00 am to 4:00 pm. You may call or walk-in without an appointment. Once service is made, we will complete the Proof-of Service on your original(s) and mail to you. **If you are not an attorney we recommend that you consult with one.**

125 State Street, Augusta, Maine 04330 Tel. (207) 623-1202

MINIMUM INFORMATION NEEDED TO HELP SAVE TIME AND EXPENSE:

PERSON(S) TO BE SERVED:

Name(s): _____

Home Street address: _____ City _____

House / Apartment Building / Mobile Home (Circle one) Apt. # _____ What floor: _____

Building numbered? Yes / No Apt. numbered? Yes / No Other Info: _____

Entrance location: Front / Rear / Left / Right ***If the building is security locked, we will need a key.**

Color of building: _____ Side of Street: Left / Right _____

Directions or Landmarks to location if not an in-town street address: _____

Time of day or evening person will most likely be home: Days / Evenings Other: _____

Does the person work and is there someone else that would be home? _____

Additional Information (if known) on the person(s) to be served:

Home phone: _____ Cell phone: _____ Work phone: _____

Name of employer and address: _____

Work schedule: (circle work days) S M T W Th F S Work hours: _____

Birth Date: _____ Height: _____ Weight: _____ Hair Color: _____

Vehicle(s): _____ Any dogs known to be aggressive or bite? _____

Any know firearms on the premises? _____ Where are they kept? _____

Is there anything else the serving officer should be aware of about the person being served? _____

YOUR INFORMATION: (For Return-of-Service to be mailed back to you)

Person or Business Requesting Service:

Name: _____

Address: _____

City: _____ Zip: _____

Home or Cell Phone: _____ Work/Office: _____ Fax: _____