

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. Any unearned portion of your retainer will be refunded; any fees and costs exceeding that amount will be billed to you.

\$120 for 1 Person or single serve

\$165 for 2 people or multiple serves

\$200 for 3 or more people or more than 3 serves

Please make your bank check (Cashier's Bank Check) or money order payable to:

Kennebec County Sheriff's Office

Money Order or Cashier's Bank Check only.

No Personal checks, Credit or Debit card, 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 Cashier's Bank Check?

___ Is the address for the person(s) to be served 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 -----}

73 WINTHROP STREET AUGUSTA ME, 04330 TEL. (207) 626-4008

Created: 2014

Revised: 1/18/2024

Civil Office hours are Monday to Friday 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 it back to you. **If you are not an attorney we recommend that you consult with one.**

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. # _____ Floor: _____

Building numbered? Yes/No Apt. numbered? Yes/No Entrance location: Front/Rear/Left/Right

Is this a room being rented in the apartment? Yes/No Color of building: _____

***If the building is security locked, we will need a key/code. Code for entering building:** _____

Side of Street: Left/Right Is there someone else that would be home? _____

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

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

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 workdays) 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 known 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: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

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

Driver's License ID Number: _____

Office Use Only:

Date Received Paperwork: _____

Paid By: Check/Money Order: _____

Amount: _____