



KITTITAS COUNTY

SHERIFF'S OFFICE

Clay Myers, Sheriff

PRINT BILLING INFORMATION BELOW

NAME: _____ PHONE(S): _____

MAILING ADDRESS: _____ EMAIL: _____

CITY: _____ STATE: _____ ZIP: _____

COURT CAUSE NO: _____ DATE ISSUED: _____ DATE TO RETURN BY: _____

SUPERIOR LOWER DISTRICT UPPER DISTRICT OTHER: _____ COUNTY: _____

TYPE OF PAPER(S)

SUMMONS SMALL CLAIMS SUBPOENA RESTRAINING ORDER

COMPLAINT PETITION NOTICE GARNISHMENT

SHOW CAUSE PARENTING INFO JUDGMENT

OTHER: _____

INFORMATION OF PARTY(S) TO BE SERVED

1ST PERSON: *If this is a business or agency, please list business information in this section.*

FULL NAME: _____

BIRTHDATE OR SSN: _____ MALE FEMALE PHONE(S): _____

STREET ADDRESS: _____ CITY: _____

WORKPLACE: _____ VEHICLE: _____

ADDITIONAL INFORMATION: _____

2ND PERSON: *If 1st Person is a business or agency, please list Owner/Manager's information in this section.*

FULL NAME: _____

BIRTHDATE OR SSN: _____ MALE FEMALE PHONE(S): _____

STREET ADDRESS: _____ CITY: _____

WORKPLACE: _____ VEHICLE: _____

ADDITIONAL INFORMATION: _____

NOTE: *If any part of this form is not complete, the service of your paperwork may be delayed.*

SHERIFF'S OFFICE USE ONLY	
<input type="checkbox"/>	Deposit (Please call for price) – Include copy of receipt and check
<input type="checkbox"/>	KCSO Intake Form (filled out completely)
<input type="checkbox"/>	1 copy of all paperwork to be served
_____	Clerk Initials