

GENERAL INTAKE INFORMATION SHEET

PRINT BILLING NAME AND MAILING ADDRESS BELOW

NAME: _____

BIRTHDATE OR SSN: _____ PHONE: _____

MAILING ADDRESS: _____

CITY: _____ ST: _____ ZIP: _____

OFFICE USE ONLY

DEPOSIT AMOUNT \$50.00

CASH CHECK # _____

CLERK INITIALS: _____

CIVIL PROCESS # _____

I UNDERSTAND –

- A \$50.00 DEPOSIT IS REQUIRED ON ALL SERVICES WITH THE EXCEPTION OF WRITS OF RESTITUTION (\$100.00 AND A SEPARATE FORM) AND ORDERS OF SALE/WRIT OF EXECUTION (\$150.00 AND A SEPARATE FORM).
- THAT THE FEES COLLECTED MAY NOT COVER THE COSTS OF SERVICE OR MILEAGE, AND THAT I MAY BE BILLED IF THERE IS A BALANCE OWING.
- THAT ANY FEES PAID IN EXCESS OF THE FEES ACTUALLY USED WILL BE REFUNDED TO ME BY THE SKAGIT COUNTY AUDITOR'S OFFICE APPROXIMATELY 4 WEEKS AFTER THE RETURN HAS BEEN MADE.
- THAT RETURNS FOR COURT WILL BE SENT TO ME FOR PRESENTATION TO THE APPROPRIATE COURT CLERK.

SIGNATURE: _____ PRINT NAME: _____
If signed by other than the person listed above.

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

SUPERIOR DISTRICT OTHER: _____ COUNTY: _____ STATE: _____

TYPE OF PAPER(S)

- | | | | |
|---------------------------------------|---|--------------------------------------|--|
| <input type="checkbox"/> SUMMONS | <input type="checkbox"/> SMALL CLAIMS | <input type="checkbox"/> SUBPOENA | <input type="checkbox"/> RESTRAINING ORDER |
| <input type="checkbox"/> COMPLAINT | <input type="checkbox"/> PETITION | <input type="checkbox"/> NOTICE | <input type="checkbox"/> ANTI-HARASSMENT ORDER |
| <input type="checkbox"/> SHOW CAUSE | <input type="checkbox"/> PARENTING INFO | <input type="checkbox"/> GARNISHMENT | <input type="checkbox"/> JUDGMENT |
| <input type="checkbox"/> OTHER: _____ | | | |

INFORMATION OF PARTY(S) TO BE SERVED

1ST PERSON: *If this is a business or agency, please list business information in the 1st person section and the name of the individual in charge in the 2nd person.*

NAME: _____
LASTFIRSTMIDDLE

BIRTHDATE OR SSN: _____ SEX: M F HT _____ WT _____ PHONE: _____

STREET ADDRESS: _____ CITY: _____

EMPLOYER NAME: _____ WORK HOURS: _____

EMPLOYER ADDRESS: _____ CITY: _____

2ND PERSON: *If this is a business or agency, please list business information in the 1st person section and the name of the individual in charge in the 2nd person.*

NAME: _____
LASTFIRSTMIDDLE

BIRTHDATE OR SSN: _____ SEX: M F HT _____ WT _____ PHONE: _____

STREET ADDRESS: _____ CITY: _____

EMPLOYER NAME: _____ WORK HOURS: _____

EMPLOYER ADDRESS: _____ CITY: _____

ADDITIONAL INFORMATION: _____
