DO NOT SERVE THIS FORM ON DEFENDANT

After successful service, please SHRED THIS FORM and return Affidavit of Service to the Court.

SCOTTSDALE CITY COURT: DEFENDANT INFORMATION FORM/CONFIDENTIAL

Upon unsuccessful service of this order, please forward all paperwork (including this form) to the originating court.
Court: Forward all unsuccessful documents to the Glendale Police Department Protective Order Service Coordinator.

NOTICE: INFORMATION PROVIDED ON THIS FORM WILL NEVER BE GIVEN TO THE DEFENDANT AND WILL ONLY BE USED TO SERVE YOUR ORDER. PROVIDING COMPLETE AND ACCURATE INFORMATION WILL ASSIST THE SERVICE OF YOUR ORDER IN A TIMELY MANNER. INACCURATE INFORMATION WILL DELAY SERVICE OR RESULT IN YOUR ORDER NOT BEING SERVED.

☐ **Please check here if this form is providing new information to update a previously submitted Defendant Information Form**

Your Name/Phone Number (safe number)_____ Today's date_____

Case No./Date Issued_____ Defendant Name/DOB_____

Defendant In Custody location (if Applicable)_____ Do you have a photo of the Defendant? _____

Other Names Used_____

Defendant's Address_____ City/State_____ Zip Code_____

Home Phone #_____ Cell #_____ Work #_____

Time of Day Most Likely to be Home_____

Alternative Address/Location (friends, relatives, etc.) _____

_____

Employer Name/Address/Phone_____ Work Schedule_____

Other Places Defendant Frequents, Days/Times Most Likely to be There_____

_____

Vehicle Make/Model/Year/Color/License Plate_____

Other Vehicles_____

Distinguishing Physical Characteristics (Glasses, Tattoos, Scars, Facial Hair, etc.)_____

Type(s) of Weapons Defendant possess and where are they now_____

The Defendant: ☐ Is Violent Toward Police ☐ Is a Drug User ☐ Is a Heavy Drinker ☐ Is Mentally Ill

☐ Is on Probation/Parole P.O Name/Number_____

Is the Defendant affiliated with a Street Gang? Please provide details_____

Do you, the Defendant or anyone else involved in this matter work for any court in the State of Arizona?_____

SECURITY QUESTION – PLEASE PROVIDE A CONFIDENTIAL QUESTION AND ANSWER FOR TELEPHONIC IDENTIFICATION PURPOSES (EXAMPLE: YOUR ELEMENTARY SCHOOL ATTENDED, PET'S NAME, MOTHER'S MAIDEN NAME): _____

_____

DO NOT SERVE THIS FORM ON DEFENDANT

POLICE/PROCESS SERVER USE ONLY

NOT TO BE FILLED OUT BY PLAINTIFF

DO NOT SERVE THIS FORM ON DEFENDANT

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SCOTTSDALE CITY COURT: SERVICE ATTEMPT FORM/CONFIDENTIAL

Upon unsuccessful service of this order, please forward all paperwork (including this form) to the originating court.
Court: Forward all unsuccessful documents to the Glendale Police Department Protective Order Service Coordinator.

SERVICE ATTEMPTS - CASE NO.________________________

Date and time_______________________________________ Location______________________________________

_____ Successfully Served | Officer Name_________________________________

_____Unsuccessful (check reason): | Officer Badge Number__________________________

_____Defendant Moved | Officer Agency________________________________

_____Defendant not at home

_____Defendant not at work

_____Other/Possible Service Locations____

____

Date and time_______________________________________ Location______________________________________

_____ Successfully Served | Officer Name_________________________________

_____Unsuccessful (check reason): | Officer Badge Number__________________________

_____Defendant Moved | Officer Agency________________________________

_____Defendant not at home

_____Defendant not at work

_____Other/Possible Service Locations____

____

Date and time_______________________________________ Location______________________________________

_____ Successfully Served | Officer Name_________________________________

_____Unsuccessful (check reason): | Officer Badge Number__________________________

_____Defendant Moved | Officer Agency________________________________

_____Defendant not at home

_____Defendant not at work

_____Other/Possible Service Locations____

____

DO NOT SERVE THIS FORM ON DEFENDANT