

Petitioner/Joint Petitioner A: \_\_\_\_\_  
Respondent/Joint Petitioner B: \_\_\_\_\_

Enter the name of the county in which this case is filed.	<b>STATE OF WISCONSIN, CIRCUIT COURT,</b> _____ <b>COUNTY</b>
Enter the name of the petitioner. If joint petitioners, enter the name of Petitioner/Joint Petitioner A.	<b>IN RE: THE MARRIAGE OF</b> <b>Petitioner/Joint Petitioner A</b> _____ Name (First, Middle and Last) and
Enter the name of the respondent. If joint petitioners, enter the name of Respondent/Joint Petitioner B.	<b>Respondent/Joint Petitioner B</b> _____ Name (First, Middle and Last)
Enter the case number.	

**Civil Process Worksheet**  
Case No. \_\_\_\_\_

**Do not file this form with the court.**

**Note:** Complete this form and give it to the law enforcement agency or private process server to help locate and serve the necessary documents on the other party.

Enter the following information for the person to be served.	<b>A. Party Information</b>
If you do not know an answer, write "unknown" in the blank.	Name _____ Address _____ Address _____ City _____ State & Zip _____ Date of Birth _____ Phone (day) _____ Phone (evening) _____ Phone (cell) _____ Occupation _____ Height _____ Weight _____ Hair Color _____ Eye Color _____ Race _____ Gender <input type="checkbox"/> Male <input type="checkbox"/> Female Glasses <input type="checkbox"/> Yes <input type="checkbox"/> No Beard <input type="checkbox"/> Yes <input type="checkbox"/> No Mustache <input type="checkbox"/> Yes <input type="checkbox"/> No Other Identifying Characteristics: _____
Enter any other physical characteristics that may assist identifying him/her.	
Enter the other party's place of employment and the hours they are most likely to be there.	<b>B. Employer Information</b> Employer _____ Address _____ Address _____ City/State/Zip _____ Phone _____ Work Hours _____

**C. Other Locations**

Check yes or no.  
If yes, enter the name and address for an alternate location and the days and times that they will likely be there.

Are there other locations this person can regularly be found?  Yes  No  
Name of Place \_\_\_\_\_  
Address \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Possible Days/Times \_\_\_\_\_

**D. Vehicle**

Describe the person's vehicle.

Make \_\_\_\_\_  
Model \_\_\_\_\_  
Year \_\_\_\_\_  
Color \_\_\_\_\_  
License Plate Number \_\_\_\_\_  
Unusual Characteristics \_\_\_\_\_

**E. Special Circumstances:**

Check yes, no, or I don't know.  
Also identify any other habits, characteristics, or behaviors of which the server should be aware.

Is the person to be served likely to have a violent reaction to the service?  
 Yes  No  I don't know  
Does this person normally carry any weapons?  
 Yes  No  I don't know  
Other: \_\_\_\_\_