

# 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 \$75.00

CASH  CHECK # \_\_\_\_\_

CLERK INITIALS: \_\_\_\_\_

CIVIL PROCESS # \_\_\_\_\_

### I UNDERSTAND -

- A \$75.00 DEPOSIT IS REQUIRED ON ALL SERVICES WITH THE EXCEPTION OF WRITS OF RESTITUTION (\$150.00 AND A SEPARATE FORM) AND ORDERS OF SALE/WRIT OF EXECUTION (\$300.00 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 COUNT 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)

- SUMMONS  SMALL CLAIMS  SUBPOENA  RESTRAINING ORDER  
 COMPLAINT  PETITION  NOTICE  ANTI-HARASSMENT ORDER  
 SHOW CAUSE  PARENTING INFO  GARNISHMENT  JUDGMENT  
 OTHER: \_\_\_\_\_

### INFORMATION OF PARTY(S) TO BE SERVED

#### 1<sup>ST</sup> PERSON:

*If this is a business or agency, please list business information in the 1<sup>st</sup> person section and the name of the individual in charge in the 2<sup>nd</sup> person.*

NAME: \_\_\_\_\_  
LAST FIRST MIDDLE

**BIRTHDATE OR SSN:** \_\_\_\_\_ SEX:  M  F HT \_\_\_\_\_ WT \_\_\_\_\_ PHONE: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

EMPLOYER NAME: \_\_\_\_\_ WORK HOURS: \_\_\_\_\_

EMPLOYER ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

#### 2<sup>ND</sup> PERSON:

*If this is a business or agency, please list business information in the 1<sup>st</sup> person section and the name of the individual in charge in the 2<sup>nd</sup> person.*

NAME: \_\_\_\_\_  
LAST FIRST MIDDLE

**BIRTHDATE OR SSN:** \_\_\_\_\_ SEX:  M  F HT \_\_\_\_\_ WT \_\_\_\_\_ PHONE: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

EMPLOYER NAME: \_\_\_\_\_ WORK HOURS: \_\_\_\_\_

EMPLOYER ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

ADDITIONAL INFORMATION: \_\_\_\_\_