



GRAND ISLE COUNTY SHERIFF'S DEPARTMENT

P.O. Box 168, North Hero, VT 05474

Office: 802-372-4482

Fax: 802-372-5771

TO: Small Claims Plaintiff
FROM: Sheriff Ray C. Allen
RE: Small Claims Service Information/Civil Service

In order to expedite service and keep down the cost of service, some information would be beneficial to this Department. If you can provide any of the information below, it will be helpful when trying to locate the Defendant.

Our fees for service are \$50.00 for each Defendant plus \$0.50 per mile to locate the Defendant. A deposit of \$75.00 is required. Any overpayment will be refunded to you with the Statement of Service Fees.

Plaintiff _____ Plaintiff's Phone Number _____

Defendant _____ Defendant's Phone Number _____

Defendant's Address _____

Location of Residence (A PO Box or RFD address is not sufficient, please describe specifically and physically) _____

When is Defendant likely to be home? _____

Will Defendant avoid service? _____

To your knowledge, does the Defendant have a criminal record? _____

Place of Employment, Telephone Number and Hours of Employment _____

Other Information (Defendant's car make, model, color, registration number, sex, weight, height, identifying marks) _____

Can Defendant be located any place other than home or place of employment? If so, please indicate name, address or any other information that would be helpful. _____

