



SUPERIOR COURT OF THE DISTRICT OF COLUMBIA
Domestic Violence Division, Room 4510
500 Indiana Avenue, N.W.
Washington, D.C. 20001
Telephone (202) 879-0157

_____ Case No.: _____
Petitioner _____
v _____
Respondent _____
Hearing Type: _____
Hearing Date: _____

RETURN OF SERVICE

ADDRESS OF RESPONDENT: _____

Physical Description of Respondent:

Date of Birth: _____ Hair Color: _____
Age: _____ Eye Color: _____
Race: _____ Height: _____
Sex: _____ Weight: _____

TO: **INSTRUCTIONS:** *PLACE YOUR INITIALS BESIDE EACH DOCUMENT SERVED AND COMPLETE EACH SECTION.*

<i>Initials</i>	<i>Documents Served</i>	<i>Initials</i>	<i>Documents Served</i>
_____	Petition and Affidavit for a Civil Protection Order	_____	Motion to Modify/Extend Civil Protection Order
_____	Temporary Protection Order	_____	Motion to Adjudicate Contempt
_____	Notice of Hearing and Order to Appear	_____	Other: _____

I personally served the above documents on _____
Name of Person Served

Respondent or A person of suitable age and discretion who currently resides with Respondent

at: _____
(please write full address where service was done or provide detailed description of location)

on (date) _____ at (time) _____ a.m. / p.m.
month, date, year

I, _____ reside / work at: _____
(Please print full name of Server) *(circle one)* _____
(Please write full address)

a competent person eighteen years of age with no interest in the subject matter of this lawsuit, affirm under penalty of perjury that the information in this document is true and correct to the best of my knowledge, information and belief.

Law Enforcement Officer's Badge# _____ **OR** **CAD#** _____

Server's Signature _____
(Person who served the documents) Date

FAILURE TO COMPLETE THIS FORM IN ITS ENTIRETY COULD BE CONSIDERED INCOMPLETE SERVICE AND MAY DELAY YOUR CASE

Respondent's Name:	Case No.:
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SPECIAL SERVICE INSTRUCTIONS

Check the **HEARING DATE:** on the front upper left-hand corner of the face of this sheet; **(DO NOT SERVE AFTER THIS DATE).**

The Case Number is on the front upper right hand corner.

Personally Serve the SERVICE PACKET on **RESPONDENT** named on the front by giving him/her attached documents; **Personal service can be accomplished by serving a person of suitable age and discretion living at the respondent's address (see front of the form for other person; note relationship and age of the individual served and whether the person served resides at the address with the respondent).**

Indicate Service at the bottom of this sheet by signing as SERVING OFFICER and BADGE NUMBER;

Return signed cover sheet to your **Supervisor**, who shall sign in the space designated on the front and deliver this cover sheet to the CJIS CLERK or the STATION CLERK in your District for Deliver to: **DC SUPERIOR COURT, Domestic Violence Division, Room 4510.**

FAILURE OF SERVICE

I hereby certify that after a diligent investigation, I am unable to serve the individual named as the Respondent on this Service Packet.

<u>Dates of Endeavor:</u>	<u>Time:</u>
_____	_____
_____	_____
_____	_____
_____	_____

Investigator's Signature: _____ Badge #: _____ Date: _____

Supervisor's Signature: _____ Badge #: _____ Date: _____

**METROPOLITAN POLICE DEPARTMENT CPO/TPO UNIT
RESPONDENT DESCRIPTION SHEET**

Petitioner's Name: _____

Case No.: _____

If you would like MPD to serve your order, please complete as much information as known. If unknown please write UNKNOWN. If not applicable, please write N/A.

Respondent's Information

Respondent's Name: _____ **Nickname / Alias:** _____

Date of Birth: _____ **Social Security #:** _____

Sex: _____ **Race:** _____ **Complexion:** _____ **Height:** _____ **Weight:** _____

Hair Style/Color: _____ **Eye Color:** _____ **Primary Language:** _____

Scars/Tattoo or other unique features: _____

Home or Primary Address: _____ **Apt. #:** _____

Apartment Complex or Community: _____

City: _____ **State:** _____ **Zip Code:** _____

Home Phone #: _____ **Cell Phone #:** _____

Best time to serve respondent at home or work? _____ **am / pm**

Other locations or hangouts for respondent: _____

Work Address: _____

Name of Business: _____ **Occupation:** _____

Work Phone #: _____ **Days Off:** _____

Vehicle Information:

Make: _____ **Model:** _____ **Color:** _____ **Tag #:** _____

Weapons: If respondent is known to carry weapons, please describe:

Type: _____ (firearm / knife) **Model:** _____ **Color:** _____

Location of where weapon is kept: (On Person / Inside Vehicle / Inside House) (circle)

CONFIDENTIAL PETITIONER INFORMATION: THIS INFORMATION IS FOR MPD USE ONLY!!!

MPD CPO/TPO Unit will only contact you in the event that additional information is required to serve, i.e., information or questions not on this sheet.

Petitioner's contact numbers: _____ **Home** (No message will be left)
_____ **Work** (No message will be left)
_____ **Cell** (Is message ok? Yes ___ No ___)

Alternate Contact Person Name: _____ **Number:** _____

Advocate's Name: _____ **Number:** _____

THIS INFORMATION WILL REMAIN CONFIDENTIAL AT ALL TIMES

Clerk's Office Box:

Bench Warrant on file? Yes No **PDID:** _____ **Photo Available** Yes No

Was an Alternative Service Package Given to Petitioner? Yes No