Please make sure you check off ALL items to indicate "YES" below:

ERIC G. SAMSON

WILLIAM GAGNE CHIEF DEPUTY

SERVICE REQUEST CHECK LIST FORM

In order for us to attempt service, in accordance with the Maine Revised Statute, Title 14 Section 702:

WHAT WE WILL NEED FROM YOU

Do you have one "Original" document for <u>each person(s)</u> to be served?		
Do you have one "Copy" for <u>each person(s)</u> to be served?		
Are all papers "Completely" filled out, including dates and court information?		
Is the address for the person(s) to be served in "Androscoggin County"?		
Have you filled out the "Service Request Information" on the back of this form?		
WHAT WE CANNOT DO FOR YOU Please remember that our role is to serve your paper. We cannot give you legal advice or assist you in filling out your documents. We cannot advise you as to what is the best way to handle your particular situation. By accepting your documents to be served we are not expressing an opinion that they are filled out properly or		
will be legally sufficient for your purpose. PLEASE FILL-OUT OTHER SIDE}		

Civil Office hours are Monday thru Friday 8:30 am to 4:00 pm. You may call (753-2568) or walk-in without an appointment. Once service is made, we will complete the Proof-of Service on your original(s) and mail it back to you. If you are not an attorney we recommend that you consult with one.

PERSON(S) TO BE SERVED:

207-753-2500 ERIC G. SAMSON SHERIFF

WILLIAM GAGNE CHIEF DEPUTY

2 TURNER ST. UNIT 9 AUBURN, ME 04210

MINIMUM INFORMATION NEEDED TO HELP SAVE TIME AND EXPENSE:

Name(s):	
Home Street Address:	City:
House / Apartment Building / Mobile Home (circle one) Apt. #	What floor:
Building numbered? Yes / No Apartment numbered? Yes / No	Other Info:
Entrance location: Front / Rear / Left / Right * If the building is se	ecurity locked, we will need a key.
Color of Building: Side of Street: Left / Right	
Directions or Landmarks to location if not an in-town street addr	ress:
Time of day or evening person will most likely be home: Day / Ev	
Does the person work and is there someone else that would be h	home?
Additional Information (if known)	on the person(s) to be served:
Home phone: Cell phone:	Work phone:
Name of employer and address:	
Work schedule: (circle workdays): S M T W T F S Work Hou	rs:
Birth date:/ Height:" Weight:	: Hair color: Eye Color:
Vehicle(s): Any dogs know	wn to be aggressive or bite?
Any known firearms on the premises? Whe	ere are they kept?
Is there anything else the serving officer should be aware of about	ut the person being served?
Your Information: (for Return-of-Service to be mailed back to yo Person or Business Requesting Service:	pu)
Name:	
Address:	
City:	Zip Code:
Home/Cell phone: Work/Office Phone:	Email:

2 TURNER ST. UNIT 9 AUBURN, ME 04210 207-753-2500

ERIC G. SAMSON
SHERIFF
WILLIAM GAGNE
CHIEF DEPUTY

Service Payment

Town	1 Paper	Out of state papers
Auburn	\$47.00	1st is \$60.00 and \$30.00 per additional
Durham	\$50.00	
Greene	\$50.00	
Leeds	\$55.00	
Lewiston	\$48.00	
Lisbon	\$50.00	
Lisbon Falls	\$51.00	
Livermore	\$56.00	
Livermore Falls	\$60.00	
Mechanic Falls	\$51.00	
Minot	\$50.00	
Poland	\$50.00	
Sabattus	\$50.00	
Turner	\$55.00	
Wales	\$55.00	

^{*** \$40.00} per additional paper. Additional mileage fees may apply. Make checks and money orders payable to **Androscoggin County Treasurers Office**