



The Commonwealth of Massachusetts
Middlesex Sheriff's Office

Civil Process Division

Peter J. Koutoujian, Sheriff

400 Mystic Ave, 3rd Floor, Medford, MA 02155 • 617-547-1171

FILLING OUT THIS PAGE IS ONLY NECESSARY IF YOU DO NOT HAVE YOUR OWN COVER LETTER

Today's Date: _____ Hearing Date: _____

Your Name: _____

Law Firm/Company Name (if relevant): _____

Mailing Address: _____
STREET ADDRESS APT /UNIT/SUITE #

CITY STATE ZIP

Your Telephone #: _____

- ☐ I would like to pay by credit or debit card, please call me for payment.
☐ I have a fee waiver from the court. (If checked, please provide waiver when mailing)

Person Being Served: _____
(Please Print Clearly) First Last

Business Name (Only if being served at Business): _____

Service Address: _____
STREET ADDRESS APT /UNIT/SUITE #
CITY STATE ZIP

This address is a: ☐ Business ☐ Residence

Phone Number (If Available): _____

Special Service Instructions: _____

For Office Use Only

- ☐ RUSH ☐ Serve By: _____ ☐ Sign and Call Back
☐ Mail Return ☐ Call Pltff/Atty When Served ☐ Will Pick Up Return
☐ Fax Return: _____ ☐ IN HAND
☐ Affidavit of Indigency Intake Initials _____
☐ Amount \$ _____ ☐ Credit/Debit ☐ Check ☐ MO # _____

Forms of Payment Accepted:
CREDIT/DEBIT CARD
MONEY ORDER
BUSINESS CHECK

NO CASH/PERSONAL CHECK

Please make payable to:
"Middlesex Sheriff's Office"