



ORANGE COUNTY SHERIFF'S OFFICE

110 WELLS FARM ROAD GOSHEN, NEW YORK 10924-6740

845-291-4033 FAX: 845-360-9091

SHERIFF CARL E. DUBOIS



KENNETH T. JONES
UNDERSHERIFF

ANTHONY J. WEED
ASSISTANT UNDERSHERIFF

DENNIS D. BARRY
CHIEF DEPUTY

ANTHONY M. MELE
CORRECTIONS ADMINISTRATOR

WWW.ORANGECOUNTYGOV.COM

Your Name _____ Home number _____ Cell number _____

Your Address _____

Respondent's Name (Person being served): _____

Sex: ____ Race: ____ Complexion: ____ Date of Birth: _____ Age: ____ Height: _____ Weight: _____

Eye Color: _____ Hair Color: _____ Balding: Yes No Bearded: Yes No Mustache: Yes No

Respondent's e-mail address? _____

Recent photograph attached Yes No Photograph return requested Yes No

Physical Impairment (MUST CHECK ONE) N/A Crutches Wheelchair Walker Scooter

Known Prescribed Medication Yes No

Residence: Address: (No P.O. Box) _____

City/ Town/Village _____

Telephone: _____ Cell phone _____

Special Directions: _____

Type of House/Apartment/ Complex Name: _____

Characteristics: _____ Color: _____

Best time to serve: _____ Cameras on House: Yes No

Items in address:

Pistols Yes No Location/Quantity: _____

Rifles/shotguns Yes No Location/Quantity: _____

Bow & Arrow Yes No Location/Quantity: _____

Employer: Business name: _____

Street address: _____

City: _____ Telephone: _____ Hours of employment: _____ Days off: _____

Vehicle: Make: _____ Model: _____ Year: _____

Color: _____ License Plate: _____ State: _____

Miscellaneous:

Any dogs in residence: Yes No If yes, quantity: _____

Does Respondent use alcohol Yes No

Does Respondent use drugs Yes No

Are there drugs in the residence Yes No

Gated Community Yes No Code(s) needed for entry No Yes, Code _____

Outer door locked Yes No Is a key required No Yes

If yes, Contact person's name _____ Phone _____

Additional Remarks: _____

Please fill this form out completely to the best of your ability, it will aid in the service of your document

CPF-36-Revised 08-19-21

~ A C C R E D I T A T I O N S ~

