EXCEPTION TO NORMAL CONSTABLE PROCEDURE

To Be Completed by Constable

Court Number:_____ Date:_____

Docket Number: _____

Constable Name: _____ Certification Number _____

Defendant Name: _____

Defendant Address: _____

_____

Defendant Telephone Number: _____

I am requesting an exception to normal practices for the following reason:

_____

_____

_____

The above service was provided to the court by me.

_____ _____

Constable Signature Date

The above service was provided to the court under my direction.

_____ _____

Magisterial District Judge Signature Date
(PMC/Family Division Administrator Signature)