

**FORM 17**

**NORTHERN TERRITORY OF AUSTRALIA**

**FOR BAILIFF  
SERVICE INFORMATION FORM**

Case No: \_\_\_\_\_

APPLICATION BY: .....Applicant

.....Defendant

.....Protected Person

To HELP the Bailiff serve the application please provide as much of the following details of the defendant as you can.

Name \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Occupation \_\_\_\_\_

Work Address \_\_\_\_\_

Work Phone Number \_\_\_\_\_

D.O.B/Age/ Approx Age \_\_\_\_\_

Height \_\_\_\_\_

Build \_\_\_\_\_

Distinguishing Marks \_\_\_\_\_

Country of Birth \_\_\_\_\_

Complexion \_\_\_\_\_

Eye Colour \_\_\_\_\_

Hair Colour \_\_\_\_\_

Car – Make/Model/Colour \_\_\_\_\_

Car Registration \_\_\_\_\_

Alias Name \_\_\_\_\_

Firearms \_\_\_\_\_

\_\_\_\_\_