



# Norfolk Sheriff's Office

## ASSET SEARCH REQUEST FORM



To request an asset search please submit this form along with your original Execution on Money Judgment. Please provide as much of the following information as possible. The more information you are able to provide the more effective the asset search may be. Please use the additional information section to provide any additional information you believe may be of assistance.

### PLAINTIFF INFORMATION

NAME: \_\_\_\_\_  
 Street \_\_\_\_\_ City/Town \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

### DEFENDANT(s) INFORMATION

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_  
 Phone \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_  
 Street: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

#### *Alternate (Prior) Addresses*

Street: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Street: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

#### Employment

Company Name: \_\_\_\_\_  
 Street: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_

### VEHICLE INFORMATION

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Reg: \_\_\_\_\_ Color: \_\_\_\_\_  
 Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Reg: \_\_\_\_\_ Color: \_\_\_\_\_

Additional Information: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

PLEASE MAIL THIS FORM ALONG WITH YOUR ORIGINAL EXECUTION FOR MONEY JUDGMENT TO P.O. BOX 699245 QUINCY, MA 02269. ALTERNATIVELY YOU MAY DROP OFF THE SERVICE AT OUR OFFICE AT 181 PARKINGWAY QUINCY MA. FOR QUESTIONS OR IF THIS IS AN URGENT SERVICE PLEASE CALL 781-326-1787