



GENERAL INSTRUCTIONS FOR SERVICE OF DOCUMENTS

The Sheriff's Office must have written, signed instructions by the Plaintiff representing him/herself or the Attorney of Record in accordance with California Civil Procedure Code 262. *NOTE: The Sheriff's Office is entitled to a fee for service, whether or not the service is successful (Government Code 26738). Service of process will be made between the hours of 6:00 AM and 10:00 PM.*

Court Case No.: _____ Hearing Date: _____

(Plaintiff/Petitioner)

(Defendant/Respondent)

- | | |
|---|--|
| <input type="checkbox"/> Civil Bench Warrant | <input type="checkbox"/> Subpoena (Civil) |
| <input type="checkbox"/> Notice to Pay Rent (3 Day Notice) | <input type="checkbox"/> Witness Fees Paid |
| <input type="checkbox"/> Notice to Terminate (30/60 Day Notice) | <input type="checkbox"/> Subpoena Duces Tecum & Supporting Affidavit |
| <input type="checkbox"/> Order of Examination | <input type="checkbox"/> Subpoena (Criminal) |
| <input type="checkbox"/> Request for Order | <input type="checkbox"/> Summons & Complaint |
| <input type="checkbox"/> Small Claims of Plaintiff & Order | <input type="checkbox"/> Summons & Petition (Marriage) |
| <input type="checkbox"/> Small Claims of Defendant & Order | <input type="checkbox"/> Summons & Complaint (Unlawful Detainer) |
| <input type="checkbox"/> Temporary Restraining Order | <input type="checkbox"/> Prejudgment Claim to Right of Possession |
| <input type="checkbox"/> Order After Hearing | <input type="checkbox"/> Other: |

PERSON BEING SERVED * (Write the Name EXACTLY as it appears on your Legal Papers) *****

Name: _____ Phone # _____

Address: _____ City: _____

Work Place: _____ Phone # _____

Dogs? Type: _____ Possibility of Violence? _____ Weapons? _____ Type: _____

Best time to attempt service: _____

Physical Description Male Female

Age: _____ DOB: _____ Race: _____ Hgt: _____ Wgt: _____

Eyes: _____ Hair: _____ DL #: _____ SSN: _____

Vehicle Description

Year: _____ Color: _____ Make: _____ Model: _____ Lic. _____

****** YOU ARE RESPONSIBLE FOR FILING THE PROOF OF SERVICE WITH THE COURT ******

Proof of service to be mailed to: (Print)

Name: _____ Daytime Phone #: _____

Address: _____ City: _____ State: _____ Zip: _____

I am () Plaintiff () Defendant () Attorney

Signature: _____ Date: _____