

COUNTY OF STANISLAUS
S H E R I F F

INSTRUCTIONS FOR SERVICE OF PROCESS

The Sheriff must have written, signed instructions by the Plaintiff representing him/her self or the Attorney of Record in accordance with California Civil Procedure Code 262.

Court Case # _____ Sheriff's File # _____

(Plaintiff/Petitioner) vs. _____
(Defendant/Respondent)

The Sheriff of Stanislaus County is hereby instructed to serve:

- | | |
|--|--|
| <input type="checkbox"/> Claim of Plaintiff and Order | <input type="checkbox"/> Notice to Pay Rent (3 Day) |
| <input type="checkbox"/> Claim of Defendant and Order | <input type="checkbox"/> Notice to Terminate (30 Day) |
| <input type="checkbox"/> Summons and Complaint | <input type="checkbox"/> Subpoena <input type="checkbox"/> Duces Tecum |
| <input type="checkbox"/> Summons and Complaint Unlawful Detainer <input type="checkbox"/> CCP 415.46 | <input type="checkbox"/> Subpoena Re: Deposition |
| <input type="checkbox"/> Summons and Petition | <input type="checkbox"/> Order of Examination |
| <input type="checkbox"/> Order to Show Cause | <input type="checkbox"/> Order After Hearing |
| <input type="checkbox"/> Temporary Restraining Order <input type="checkbox"/> Immediate Moveout | <input type="checkbox"/> |
| <input type="checkbox"/> Other _____ | |

BY THE AUTHORITY OF THE ACCOMPANYING WRIT OR CIVIL PROCESS, YOU ARE HEREBY INSTRUCTED TO PERFORM SERVICE UPON:
(Please Type or Print Legibly)

Name of party(s) to be served _____

Home address _____

Work address _____

Physical Description: Male Female Age _____ Date of Birth _____ Race _____

Height _____ Weight _____ Hair _____ Eyes _____ Desc. of Car: _____

Unique Characteristics(scars, marks, tatoos, etc.) _____

Violent Threats to police officers Involved with gangs or drugs

Weapons on premises Known to carry a weapon Dogs on property

Special instructions (best hours for service, any additional info that would be of assistance, etc.) _____

NOTICE: ALL COMMUNICATION, REFUNDS AND COLLECTIONS WILL BE MADE TO THE NAME AND ADDRESS LISTED BELOW

DATE _____

ADDRESS _____

(attorney for Plaintiff or plaintiff, if no attorney)

(city, zip code)

(signature of attorney for plaintiff or plaintiff, if no attorney)

(telephone number where you may be reached between 8 am & 5 pm)

NOTE: THE SHERIFF IS ENTITLED TO HIS FEE FOR SERVICE, WHETHER OR NOT THE SERVICE IS SUCCESSFUL (GOVT CODE 26738.) THE LAW ALLOWS THE SERVICE OF PROCESS BETWEEN THE HOURS OF 6:00 A.M. AND 10:00 P.M.