



Non-Writ Service of Process Instructions to the Sheriff of Stanislaus County

NORMAL HOURS FOR SERVICE ARE MONDAY – FRIDAY, 8:00 A.M. TO 4:00 P.M.

Jeff Dirkse, Sheriff-Coroner

The Sheriff must have written, signed instructions by the Plaintiff representing him/herself or the Attorney of Record in accordance with California Civil Procedure Code 262. *El Alguacil debera tener las instrucciones firmadas y en escrito por el Demandante representandose a si mismo(a) u al Abogado registrado de acuerdo al Proceso civil de California codigo 262.*

Court Case #
Numero del Caso Judicial

Sheriff's File # _____
Numero de Archivo del Departamento del Sheriff

(Plaintiff/Petitioner) Demandante/Demandador

VS

(Defendant/Respondent) Acusado/Demandado

DAYS TO SERVE BEFORE COURT DATE

Papers	Personal Service	Substitute	Service Code Section
SC-100, Small Claims - Plaintiff Claim	15 days (In County)	25 days (In County)	CCP 116.340
SC-120, Small Claims - Defendant Claim	5 days (In County)	15 days (In County)	CCP 116.360
SC-134, Application & OEX	10 days	not allowed	CCP 116.820, 116.830
AT-138/EJ-125, Application & OEX	10 days	not allowed	CCP 491.110, 708.110, 708.120
Summons & Petition	no time restrictions	not allowed	CCP 415.20-415.50
Summons & Complaint	no time restrictions	no time restrictions	CCP 415.20-415.50
Summons & Complaint-UD	no time restrictions	no time restrictions	CCP 415.20-415.50
Notice of Motion/Hearing	16 court days	usually not allowed	CCP 1005
Order to Show Cause/ Request for Order	16 courts days	usually not allowed	CCP 1005
Order After Hearing	as ordered	usually not allowed	varies
Order of Examination	10 days	usually not allowed	CCP 708.110, 708.120, 491.110
Other: _____			

***IF SUBSTITUTE SERVICE IS AUTHORIZED, AN ADDITIONAL COPY OF PROCESS IS REQUIRED FOR MAILING.**
Unless otherwise specified, we require one service copy per person being served.

BY THE AUTHORITY OF THE ACCOMPANYING CIVIL PROCESS, YOU ARE HEREBY INSTRUCTED TO PERFORM SERVICE UPON:
De Acuerdo A La Autoridad En Acompañamiento Del Proceso Civil, Usted Es, Por El Presente, Instruido A Desempeñar Servicio Sobre:

(Please type or Print Legibly) _____ *(Por favor escriba a maquina o escriba en molde legiblemente)*

1. Who do you want us to serve? Person Business Public Entity (CHECK ONE)

Write the name of the individual, business or public entity you would like served. Complete a separate instruction sheet for each party you want served.

If you are serving a **Business** or **Entity**, write the name of the business or entity exactly as it appears on your papers; write the name of the person authorized for service, and that person's job title: **We cannot look up, verify or provide a service address for you.**

If the defendant is a minor, please complete a separate instruction form for the legal guardian or parent

Name:

Individual, Business or Agency Name

Person Authorized for Service

Job Title

Physical Description:

(Descripcion Fisica)

Male

Masculino

Female

Femenino

Age

Edad

Date of Birth

Fecha de nacimiento

Race

Raza

Height

Estatura

Weight

Peso

Hair

Pelo

Eyes

Ojos

Desc. Of Car:

Descripcion De Carro

Unique Characteristics (scars, marks, tattoos, etc.)

(Caracteristicas particulares (cicatrices, rasgos, tatuajes, etcetera))

2. What is the address for service? Provide the best address(s) for daytime service.

Address:

Home Work Other

Gate/Access Code:

Alternate Address:

Home Work Other

Gate/Access Code:

**IF AN ACCESS CODE IS REQUIRED TO SERVE THE REQUESTED DOCUMENTS AND IT IS NOT PROVIDED
-OR-
IF THE PROPERTY ADDRESS IS NOT CLEARLY VISIBLE ON THE BUILDING OR THE CURB
OUR DEPUTIES WILL NOT BE ABLE TO COMPLETE THE SERVICE AND IT WILL BE RETURNED UNSUCCESSFUL**

3. Safety Hazards? List any safety hazards associated with serving this party.

- Violent** (*Violento*) **Threats to Law Enforcement officers** (*Amenazas a los Policias*)
- Involved with gangs** **or drugs** (*Involucrado con pandillas () o drogas*) **Dogs on property** (*perros en la propiedad*)
- Weapons on premises** (*Armas en el local*) **Known to carry a weapon** (*Usualmente Carga Armas*)

Special instructions (Best time for service) *Instrucciones especiales (El mejor tiempo de hacer entrega de la notificacion)* _____

NOTICE: ALL COMMUNICATION, REFUNDS AND COLLECTIONS WILL BE MADE TO THE NAME AND ADDRESS LISTED BELOW. NOTA: TODA COMUNICACION, REEMBOLSO Y COLECTA SERA(N) ENTREGADO(S) AL PARTIDO CUYO NOMBRE Y DOMICILIO ESTAN ALISTADOS ABAJO.

(NO REFUNDS AFTER PROCESSING)

DATE: _____
(Fecha)

MAILING ADDRESS **City** **State** **Zip Code**
(Direccion del correo) (Ciudad, Estado yCodigo Postal)

BUSINESS NAME if applicable.

Telephone number where you may be reached (between 8 a.m. & 5 p.m.)
(Numero de telefono donde usted puede ser localizado(a) (Entre las 8 AM y las 5PM))

Printed name of party requesting service
Plaintiff representing him/herself or the Attorney of Record (CCP 262)
(Nombre escrito en molde del partido quien solicita entrega de la notificacion)

ADDRESS/PHONE IS NOT ON ORDER and IS CONFIDENTIAL

Signature of party requesting service
Plaintiff representing him/herself or the Attorney of Record (CCP 262)
(Firma del partido quien solicita entrega de la notificacion)

*I understand the Sheriff does not guarantee service and if adequate time for service is not provided, I will still be charged a fee for service regardless of whether or not attempts were made. I am also aware that any time restrictions I place on my request decreases the chances for successful service. X_____

(We will mail a copy of either the proof of service or a list of attempts to you).

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. NOTA: EL SHERIFF TIENE EL DERECHO DE COBRAR HONORARIOS POR SU SERVICIO, AUNQUE CUYO SERVICIO NO TUVO BUENOS RESULTADOS. (GOVT CODIGO 26738) LA LEY PERMITE PROCEDIMIENTO DE SERVICIO DURANTE LOS HORAS DE LAS 6:00 AM Y LAS 10:00 PM

FOR OFFICE USE ONLY

Date: _____ Time: _____ Initials _____ counter mail cash check waiver other _____