

**SHERIFF
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 the California Civil Procedure Code 262.

Court Case # _____

Original Summons Y/N

_____ vs _____
Plaintiff/Petitioner Defendant/Respondent

The Sheriff of Siskiyou County is hereby instructed to serve:

- | | |
|--|--|
| <input type="checkbox"/> Plaintiff's Claim & Order | <input type="checkbox"/> Notice to Pay Rent (3 day or 60 or 60 day) |
| <input type="checkbox"/> Writ of Possession/Notice to Vacate | <input type="checkbox"/> Order after Hearing |
| <input type="checkbox"/> Summons & Complaint | <input type="checkbox"/> Subpoena <input type="checkbox"/> Duces Tecum |
| <input type="checkbox"/> Summons & Complaint Unlawful Detainer | <input type="checkbox"/> Order of Examination |
| <input type="checkbox"/> Summons & Petition | <input type="checkbox"/> Order to show Cause Non TRO |
| <input type="checkbox"/> Bank Levy Bank _____ Account# _____ SS# _____ | |
| <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 TO BE SERVED _____ PHONE# _____

HOME ADDRESS _____ CITY _____

WORK ADDRESS _____ PHONE# _____

PHYSICAL DESCRIPTION: MALE () FEMALE () AGE _____ DATE OF BIRTH _____ RACE _____

HEIGHT _____ WEIGHT _____ HAIR _____ EYES _____ VEHICLE DESCRIPTION _____

UNIQUE CHARACTERISTICS (SCARS, TATOOS, FACIAL HAIR, ETC.) _____

- | | | | |
|--|---|--|--------------------------------|
| <input type="checkbox"/> VIOLENT | <input type="checkbox"/> THREATS TO OFFICERS | <input type="checkbox"/> INVOLVED WITH DRUGS | <input type="checkbox"/> GANGS |
| <input type="checkbox"/> WEAPONS ON PREMISES | <input type="checkbox"/> KNOWN TO CARRY WEAPONS | <input type="checkbox"/> DOGS ON PROPERTY | |

SPEICAL INSTRUCTION (BEST HOURS FOR SERVICE, ANY ADDITIONAL INFO. THAT WOULD BE OF ASSISTANCE ETC.)

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

DATE: _____ MAILING ADDRESS: _____ PHONE#: _____

PRINT – PERSON REQUESTING SERVICE

CITY, STATE, ZIP

SIGNATURE OF PERSON REQUESTING SERVICE

NOTE: THE SHERIFF IS ENTITLED TO HIS FEE FOR SERVICE WHETHER OR NOT THE SERVICE IS SUCCESSFUL. (GOVT CODE 26738)