

**SERVICE INSTRUCTIONS TO SHERIFF (Small Claims / Civil Lawsuit)
To: Tom Bosenko, Sheriff**

Court Case # _____ Hearing Date: _____ Advance Fees: \$ _____ Fee Wv
 Sheriff's Case # _____ Transaction # _____ Cash Check # _____

DOCUMENTS BEING SERVED

- | | | |
|--------------------------------|---------------------------------------------------------------------------|------------------------------------------------------|
| Small Claims,
Civil Lawsuit | <input type="checkbox"/> ADR Packet | <input type="checkbox"/> Plaintiff's Claim and Order |
| | <input type="checkbox"/> Civil Case Cover Sheet | <input type="checkbox"/> Subpoena |
| | <input type="checkbox"/> Collection Case Notice | <input type="checkbox"/> Summons and Complaint |
| | <input type="checkbox"/> Defendant's Claim and Order | <input type="checkbox"/> Other |
| | <input type="checkbox"/> Fictitious Business Name | <input type="checkbox"/> Other |
| | <input type="checkbox"/> Notice of Status Conference | |
| | <input type="checkbox"/> Order to Appear for Examination-Order to Produce | |

Please Serve the Following Parties:

(1) Name:					Address:					City:	Zip:	Ph:
Bus./Employer:					Address:					City:	Zip:	Ph:
Sex:	DOB:	Age:	Ht:	Wt:	Hair:	Eyes	Race	**SSN	Driver's License #			
Vehicle Description:												
(2) Name:					Address:					City:	Zip:	Ph:
Bus./Employer:					Address:					City:	Zip:	Ph:
Sex:	DOB:	Age:	Ht:	Wt:	Hair:	Eyes	Race	**SSN	Driver's License #			
Vehicle Description:												

Possibility of Violence? Yes No Weapons? Yes No Dogs? Yes No

COMMENTS / SPECIAL INSTRUCTIONS:

Service Requested by: Plaintiff if in Pro Per or Attorney of Record (Per CCP 262 & 687.010)

NAME (Please print): _____ Signature: _____

MAILING ADDRESS _____ CITY: _____ ZIP: _____ PHONE: _____

**The Social Security Number you provided will be used by this agency for internal use only and will not be released except as necessary to assist law enforcement in a criminal investigation, or for officer safety.