

SERVICE INSTRUCTIONS TO SHERIFF (Family Law)

To: Michael L. Johnson, Sheriff

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

DOCUMENTS BEING SERVED

- | | |
|---|--|
| <input type="checkbox"/> Advisement of Waiver of Rights | <input type="checkbox"/> Request for Order - No Travel with Children |
| <input type="checkbox"/> Application for Order & Supporting Declaration | <input type="checkbox"/> Response (blank) |
| <input type="checkbox"/> Child Custody & Visitation Application Attachment | <input type="checkbox"/> Response to Petition to Est. Parent. Relationship |
| <input type="checkbox"/> Child Holiday Schedule | <input type="checkbox"/> Response and Req for _____ |
| <input type="checkbox"/> Declaration of Disclosure | <input type="checkbox"/> Responsive Declaration to OSC/ Motion (Blank) |
| <input type="checkbox"/> Findings and Order After Hearing | <input type="checkbox"/> Sched of Assets & Debts <input type="checkbox"/> Compl <input type="checkbox"/> Blank |
| <input type="checkbox"/> Financial Statement <input type="checkbox"/> Completed <input type="checkbox"/> Blank | <input type="checkbox"/> Summons & Petition |
| <input type="checkbox"/> Inc & Exp Declaration <input type="checkbox"/> Completed <input type="checkbox"/> Blank | <input type="checkbox"/> Divorce <input type="checkbox"/> to Establish Parental Relations |
| <input type="checkbox"/> Notice of Assignment | <input type="checkbox"/> Temporary Emergency Court Orders (FL-305) |
| <input type="checkbox"/> Notice of Motion | <input type="checkbox"/> UCCJEA <input type="checkbox"/> Completed <input type="checkbox"/> Blank |
| <input type="checkbox"/> Notice of Status Conference | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> OSC/Contempt <input type="checkbox"/> Affidavit of Facts | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Property Declaration | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Request for Child Custody & Visitation Order | |
| <input type="checkbox"/> Request for Order (FL-300) <input type="checkbox"/> Application and Order for Reissuance | |

Please Serve the Following Party:

Name:	Address:	City	Zip	Phone
Bus/Employer:	Address:	City	Zip	Phone
Work days:	Hrs:			

Sex:	DOB	Age	Ht	Wt	Hair	Eyes	Race	**Social Security No.	Driver's License #

Vehicle Description:

Scars / Marks / Facial Hair:

Tattoos:

Possibility of Violence? Y/N Weapons? Y/N Make: Location: Aggressive Dogs? Y/N

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.