

**OFFICE OF SHERIFF COUNTY OF KINGS
CIVIL DIVISION - SERVICE INSTRUCTIONS**

SHERIFF'S FILE NO. _____

PLAINTIFF(S) / PETITIONER

VS.

DEFENDANT(S) / RESPONDANT

COURT CASE NO. _____

HEARING DATE: ____/____/____

PROCESS SERVICE AND WRIT ENFORCEMENT

(PLEASE TYPE OR PRINT LEGIBLY)

<input type="checkbox"/> PLAINTIFF'S	<input type="checkbox"/> DEFENDANT'S	<input type="checkbox"/> CLAIM & ORDER	<input type="checkbox"/> SMALL CLAIMS ACTION	<input type="checkbox"/> ORDER TO SHOW CAUSE
<input type="checkbox"/> SUBPOENA	<input type="checkbox"/> ORDER OF EXAMINATION	<input type="checkbox"/> WRIT OF POSSESSION (Eviction)	<input type="checkbox"/> ORDER AFTER HEARING	<input type="checkbox"/> IMMEDIATE MOVE OUT ORDER
<input type="checkbox"/> SUMMONS & COMPLAINT	<input type="checkbox"/> THIRD PARTY LEVY	<input type="checkbox"/> TRO HARASSMENT	<input type="checkbox"/> NOTICE TO TERMINATE	<input type="checkbox"/> TRO DOMESTIC VIOLENCE
<input type="checkbox"/> SUMMONS & PETITION	<input type="checkbox"/> NOTICE TO PAY RENT (3 DAY)	<input type="checkbox"/> CIVIL WARRANT	<input type="checkbox"/> (30 DAY)	<input type="checkbox"/> (60 DAY)
<input type="checkbox"/> SUMMONS & COMPLAINT (Unlawful Detainer)	<input type="checkbox"/> PREJUDEMENT CLAIM OF RIGHT TO POSSESSION	<input type="checkbox"/> OTHER:		

SERVICE INFORMATION

1ST PERSON/ TO SERVE:	NAME: _____	<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE
AGE: _____	DATE OF BIRTH: _____	RACE: _____	HEIGHT: _____
WEIGHT: _____	HAIR: _____	EYES: _____	
2ND PERSON/ TO SERVE:	NAME: _____	<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE
AGE: _____	DATE OF BIRTH: _____	RACE: _____	HEIGHT: _____
WEIGHT: _____	HAIR: _____	EYES: _____	
1ST PERSON HOME ADDRESS:	1 ST PERSON PLACE OF EMPLOYMENT		
2ND PERSON HOME ADDRESS:	2 ND PERSON PLACE OF EMPLOYMENT		
<input type="checkbox"/> BEST TIME TO SERVE: [_____]	DESCRIPTION OF VEHICLE(S)/ ANY ADDITIONAL INFORMATION THAT WOULD BE OF ASSISTANCE:		
<input type="checkbox"/> BEST DAYS/ TIME TO SERVE: [_____]			
<input type="checkbox"/> DEFENDANT MAY POSE A THREAT (Explain)			

PLEASE READ & SIGN INSTRUCTIONS

PLEASE READ: The Sheriff must have written, signed instructions by the attorney for the litigant, or the litigant if he/she has no attorney in accordance with CCP 262; 687.010. Please DO NOT call our office for status on your case. We will notify you by mail on the outcome of the service. The Sheriff is entitled to his fee for attempted service whether the service is successful or not.

<p>PRINT NAME OF LITIGANT OR ATTORNEY</p> <p>All communications, refunds and collections will be SENT to the name and address listed below:</p> <p>C/O _____</p> <p>(Street Address or P.O. Box)</p> <p>(City/ State/ Zip)</p> <p>(Phone) _____ (Date) _____</p> <p>(Signature) _____</p>	<p><input type="checkbox"/> Receipt#: _____</p> <p><input type="checkbox"/> Check#: _____</p> <p><input type="checkbox"/> COUNTER (init) _____</p> <p><input type="checkbox"/> CASH Check# _____</p> <p>Copy fee .50X _____ =\$ _____</p> <p><input type="checkbox"/> WAIVER</p> <p>Total \$ _____</p> <p><input type="checkbox"/> NO TIME FOR SUBSTITUTE SERVICE _____ (Initials)</p> <p>No of Services _____</p>	<p>FOR OFFICE USE ONLY TIME STAMP AREA</p>
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