

INSTRUCTIONS TO THE SHERIFF OF THE COUNTY OF SACRAMENTO:
(The Sheriff must have written and signed instructions by the Plaintiff representing himself/herself or the Attorney of record in accordance with California Civil Procedure Code 262.)

TYPE OR PRINT CLEARLY

Court Case # _____

Sheriff's File # (if re-levy) _____

PLAINTIFF'S NAME

Vs. _____
DEFENDANT'S NAME

PARTY TO BE SERVED (Name must be EXACTLY the same as listed on the document which is to be served. Also include agent's name IF serving a corporation.) We **ONLY** accept **PHYSICAL** addresses, we do not serve PO Boxes and do not provide mail service.

Name: _____

Name: _____

Agent: _____
Only if Applicable

Agent: _____
Only if Applicable

Address: _____
Apt #/Ste. #

Address: _____
Apt #/Ste. #

City & Zip: _____

City & Zip: _____

Phone: _____

Phone: _____

Employer's Name: _____

Employer's Name: _____

Address: _____
Apt #/Ste.#

Address: _____
Apt #/Ste.#

City & Zip: _____

City & Zip: _____

Is the person to be served violent toward Peace Officers **Y / N**
PHYSICAL DESCRIPTION: Sex: _____ Date of Birth: _____

Is the person to be served violent toward Peace Officers **Y / N**
PHYSICAL DESCRIPTION: Sex: _____ Date of Birth: _____

Age: _____ **Height:** _____ **Weight:** _____ **Hair Color:** _____

Age: _____ **Height:** _____ **Weight:** _____ **Hair Color:** _____

Eye Color: _____ **Race:** _____

Eye Color: _____ **Race:** _____

Distinguishing Marks, Scars or Tattoos: _____

Distinguishing Marks, Scars or Tattoos: _____

Vehicle Description: _____

Vehicle Description: _____

NORMAL HOURS FOR SERVICE ARE MONDAY THROUGH FRIDAY, 8:00 A.M. to 3:00 P.M.

Best Time for Service: _____

Best Time for Service: _____

Additional Comments

SIGNATURE: _____ **DATE:** _____
(Required) Party (In Pro Per) or Party's Attorney requesting service

PRINT YOUR NAME: _____ **E-MAIL:** _____

MAILING ADDRESS: _____

PREFERRED PHONE: (_____) _____ **MOBILE PHONE:** (_____) _____
Street Apt #/Ste.# City State Zip Code

*NOTE: The Sheriff is entitled to his/her fees for service, whether or not the service is successful (Government Codes 26736 and 26738)
You will receive a copy of the proof of service in the mail. PLEASE DO NOT PHONE.*

**COUNTY OF SACRAMENTO SHERIFF'S DEPARTMENT—CIVIL DIVISION
3341 POWER INN ROAD, #313, SACRAMENTO, CA 95826**

OFFICE USE ONLY

PLAINTIFF'S CLAIM

- Pltf's Claim & Order to go to Small Claim's Court
- Small Claims Mediation Page **AND** Your Small Claims Case
- Attachments
- Exhibits
- Other Plaintiff's and Defendant's

SCUD

- Summons AND Complaint
- Civil Case Cover Sheet
- Attachment (S)
- Exhibits (S)
- Pre Judgment Claim of Right

SUMMONS AND PETITION

- Summons (__Amended)
- Standard Restraining Order (SRO)
- Petition (__Amended)
 - i. Dissolution of Marriage
 - ii. To Establish Parental Relationships
 - iii. For Custody and Support of Minor Children
- Addt'l Provisions-Physical Cust Attach (__BLNK__COMP)
- Attached Declaration (__BLNK__COMP)
- Attachments
- Blank Response
- Child Cust & Visit (Parent Time) Order Attach (__BLNK__COMP)
- Children's Holiday Sched Attach (__BLNK__COMP)
- DUUCCJEA (__BLNK__COMP)
- Attachment to DUUCCJEA
- Exhibits
- Family Centered Case Resolution Notice
- Income & Expense (__BLNK__COMP)
- Joint Legal Custody Attachment (__BLNK__COMP)
- Notice of Rights and Responsibilities
- POS by Mail
- Schedule of Assets and Debts (__BLNK__COMP)
- _____
- _____
- _____
- _____

SUMMONS AND COMPLAINT

- Summons (__Amended)
- Complaint (__Amended)
- Attachments
- Cause of Action-_____
- Cause of Action-_____
- Cause of Action-_____
- Civil Case Cover Sheet
- Exhibits
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

REQUEST FOR ORDER

- Request for Order (RFO)
- Family Law Case Demographic Sheet
- Attached Declaration (__BLANK__COMPLETE)
- Notice of Rights and Responsibilities
- POS by Mail
- _____
- _____
- _____
- _____

OTHER

- _____
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