



Instructions to the Sheriff of the County of YOLO

The Sheriff's Office **MUST** have written and signed instructions by the Plaintiff representing him/herself or the Attorney of record in accordance with CCP 262.

General Civil Process

Plaintiff/Creditor vs. _____
Defendant/Debtor Court Case # _____

Type of Service Requested:

- | | | | |
|---|--|---|-------------------------------------|
| <input type="checkbox"/> Claim of Plaintiff (Small Claims) | <input type="checkbox"/> Request for Order | <input type="checkbox"/> Order to Show Cause (Family Law) | |
| <input type="checkbox"/> Defendants Claim | <input type="checkbox"/> Civil Subpoena | <input type="checkbox"/> Subpoena Duces Tecum | |
| <input type="checkbox"/> Order of Examination | <input type="checkbox"/> TRO (Domestic) | <input type="checkbox"/> Move Out Order | <input type="checkbox"/> Reissuance |
| <input type="checkbox"/> Summons/Petition | <input type="checkbox"/> TRO (Harassment) | <input type="checkbox"/> Move Out Order | <input type="checkbox"/> Reissuance |
| <input type="checkbox"/> Summons/Complaint | <input type="checkbox"/> Order After Hearing | <input type="checkbox"/> Domestic | <input type="checkbox"/> Harassment |
| <input type="checkbox"/> Summons/Complaint UD <input type="checkbox"/> w/Pre-Judmnt Claim | <input type="checkbox"/> Other: | _____ | |

Person to be Served (Defendant)

Name: _____ Additional Defendants
Individual, Business or Agency (if service is on a business please include a agent for service) ~ Name must match Court Documents

Address: _____
Physical Address (a complete address including apt # must be provided, spelling of street must be exact) City Zip

Person to be served (Defendant) is currently incarcerated at the Monroe Detention Center ~ 140A Tony Diaz Drive, Woodland

Employer (if known): _____ WK Days/Hours: _____

Address: _____
Physical Address (a complete address must be provided, spelling of street must be exact) City Zip

Description (if known) _____
Sex DOB/Age Ht. Wt. Hair Eyes Race

Description of Vehicle (if known): _____ License # _____

Comments & Cautions for Deputy (weapons, dogs, etc.): _____

Is the Person to be Served on Probation/Parole (if yes please include charges) NO YES _____

Plaintiff or Plaintiff's Attorney

Name of Plaintiff or Plaintiff/Attorney Phone Number

Address ~ where the proof of service will be mailed to City State Zip

******The Sheriff's Office DOES NOT guarantee service******

The Sheriff's Office is entitled to its fees, whether the service is completed or not (CA Gov't Code 26738)
Papers are Served in the order they are received, the Sheriff's Office cannot guarantee service on a specific date or time.

Signature (this may only be signed by the Plaintiff or the Plaintiff's Attorney) Date

Additional Comments: _____