



# Instructions to the Sheriff of the County of YOLO

The Sheriff's Department **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"/> Order to Show Cause (Family Law)   |
| <input type="checkbox"/> Defendants Claim   | <input type="checkbox"/> Civil Subpoena <input type="checkbox"/> Duces Tecum  |
| <input type="checkbox"/> Order of Examination   | <input type="checkbox"/> TRO (Domestic) <input type="checkbox"/> Move Out Order <input type="checkbox"/> Re-Issue   |
| <input type="checkbox"/> Summons/Petition   | <input type="checkbox"/> TRO (Harassment) <input type="checkbox"/> Move Out Order <input type="checkbox"/> Re-Issue |
| <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"/> <b>Other:</b> _____  |

## 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 ~ 2420 E. Gibson Road, 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 Department DOES NOT guarantee service\*\*\*\***

*The Sheriff's Department 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 Department can not 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: \_\_\_\_\_