



INSTRUCTIONS TO THE SHERIFF OF MERCED COUNTY

Civil Division 670 W.22nd Street, Room 15, Merced, Ca 95340
Phone: (209) 385-7639 or (209) 385-7571/ Fax #: (209) 725-3516

(The Sheriff must have written, signed instructions by the attorney for the plaintiff, or if he/she does not have an attorney, in accordance with [CCP 262](#))

Court Case #: _____ Court Name: _____

Today's Date: _____ Hearing Date: _____

Requestor's Name: _____ Phone #: _____

Mailing Address: _____ Fee Waiver *(if applicable)*
[\(Gov Code 68632\)](#)

Service Type Request:

- | | | |
|--|---|---|
| <input type="checkbox"/> Claim of Plaintiff (Small Claims) | <input type="checkbox"/> Defendant and Order (Small Claims) | <input type="checkbox"/> Notice to pay rent (3, 30, 60 day) |
| <input type="checkbox"/> Summons & Complaint | <input type="checkbox"/> Unlawful Detainer | <input type="checkbox"/> Prejudgment |
| <input type="checkbox"/> Summons and Petition | | <input type="checkbox"/> Subpoena Duces Tecum |
| <input type="checkbox"/> Request for order | | <input type="checkbox"/> Order of Examination |
| <input type="checkbox"/> DV or CH – Temporary Restraining Order | <input type="checkbox"/> MOVE OUT ORDER | <input type="checkbox"/> Order After Hearing |
| <input type="checkbox"/> Earnings Withholding Order | <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Personal Property Levy |

By the Authority of the Accompanying Civil Process, You are Hereby Instructed to perform service upon:

Name of Person(s) to be served:
(Please type or print legibly)

2nd Name of Person(s) to be served:
(Please type or print legibly)

Home Address:

Home Address:

Work Name & Address:

Work Name & Address:

Gate Code *(if applicable)* _____

Gate Code *(if applicable)* _____

Please turn page over →

Note: THE SHERIFF IS ENTITLED TO HIS FEE FOR SERVICE, WHETHER OR NOT THE SERVICE IS SUCCESSFUL. [\(GOVT CODE 26738\)](#)

Please provide any additional information that may pose a threat to deputies for a safe service:

(Best time for service, Description of person being served, History of Criminal/Violent Activity)

SAFETY INFORMATION

PLEASE PROVIDE ANY ADDITIONAL INFORMATION THAT MAY POSE A THREAT TO A SAFE SERVICE PROCESS:

Surveillance Cameras? Yes No Unknown

Firearms and/or other weapons:

Yes (if so please list type & how many) _____ No Unknown

Threats made (to whom and/or what type of threats were made)?

Yes (if so please list type & how many) _____ No Unknown

Vicious Animals:

Yes (if so please list animal & how many) _____ No Unknown

Past Law Enforcement Contact *(if known)*

Yes (Please list below) _____ No Unknown

Mental Illness, Mental Health

Yes (Please list below) _____ No Unknown

Requestor's Information:

Print Name/Company Name: _____ Date: _____

Address: _____

Signature: _____ Phone #: _____