



## INSTRUCTIONS TO THE SHERIFF OF MERCED COUNTY

Civil Bureau 670 W.22<sup>nd</sup> Street, Room 15, Merced, Ca 95340

Phone: (209) 385-7639 or (209) 385-7571/ Fax #: (209) 725-3516 or (209)724-4017

*(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)*  
[\(Gov Code 68632\)](#)

*PLEASE PRINT CLEARLY*

### Service Type Request:

- Claim of Plaintiff (Small Claims)  Defendant and Order (Small Claims)  Notice to pay rent (3, 30, 60 day)
- Summons & Complaint  Unlawful Detainer  Prejudgment  Subpoena Duces Tecum
- Summons and Petition  Order of Examination
- Request for Order  Order After Hearing
- DV or CH – Temporary Restraining Order**  **MOVE OUT ORDER**  Personal Property Levy
- Writ of Execution – Bank Levy  Other: \_\_\_\_\_

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

(Service(s) will **NOT** be made on a person(s) with an inability to comprehend service.)

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

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

Home Address (Please include NUMERICAL ADDRESS)  
(Apartment Complex Name & Apt #):

Home Address (Please include NUMERICAL ADDRESS)  
(Apartment Complex Name & Apt #):

Employer Name & Address:

Employer Name & Address:

GATE CODE #?  Yes, and the code is: \_\_\_\_\_  No  
(Fence, Enclosed Gate)

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

*\*You will receive a copy of the proof of service in the mail.*

# **SAFETY INFORMATION**

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

**Best Time for Service:** \_\_\_\_\_  
*(Service is **NOT** guaranteed at this specific time)*

**Language Barrier?**       Yes       No  
**Only Speaks:** \_\_\_\_\_

**Have we attempted service previously?**  
 Yes     No

**Physical Description of Defendant:**  
Male    Female    Ht. \_\_\_\_ Wt. \_\_\_\_ Eyes \_\_\_\_

**Defendant Phone #** *(if known)*  
\_\_\_\_\_

**Defendant D.O.B.** *(if known)*  
\_\_\_\_\_

**Surveillance Cameras?**  
 Yes     No

**Violent Towards Law Enforcement?**  
 Yes     No

**Firearms and/or other weapons:**  
 Yes (Please list below)  
 No                     Unknown  
\_\_\_\_\_  
\_\_\_\_\_

**Vicious Animals/Loose dogs on property:**  
 Yes (Please list type of animal below)  
 No  
\_\_\_\_\_  
\_\_\_\_\_

**Threats made to you by the named defendant(s)?**  
 Yes (Please list below)  
 No                     Unknown  
\_\_\_\_\_  
\_\_\_\_\_

**Past Law Enforcement Contact** *(if known)*  
 Yes (Please list below)  
 No                     Unknown  
\_\_\_\_\_  
\_\_\_\_\_

**Mental Illness, Mental Health** *(Diagnosed by a Doctor)*  
 Yes (Please list below)  
 No     Unknown  
\_\_\_\_\_  
\_\_\_\_\_

**Unique Characteristics** *(Scars, marks, tattoos, etc.)*  
 Yes (Please list below)  
 No                     Unknown  
\_\_\_\_\_  
\_\_\_\_\_

Some legal documents are required by law to be served completed within a specific time period prior to the court hearing. It is **NOT** the responsibility of the sheriff to provide this information. By signing this document, you acknowledge and waive the liability of the sheriff if the attached documents for service do not conform to Civil Code of Procedure time for service and completeness requirements per [CCP 262](#).

**Requestor's Information:**

Print Name/Company Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Required)

Party (In Pro Per) or Party's Attorney requesting service

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