

SHERIFF'S INSTRUCTIONS FOR SERVICE



Court Info

TO: YUBA COUNTY SHERIFF

DATE: _____ HEARING DATE: _____

CASE NO: _____ NAME OF COURT: _____

PARTY(S) TO BE SERVED - COMPLETE NAME AND ADDRESS

Person to be Served

NAME: _____

HOME ADDRESS: _____

WORK ADDRESS: _____

PHONE: _____

DOB: _____ AGE _____ SEX _____ RACE _____ HT _____ WT _____

HAIR COLOR _____ EYE COLOR _____ FACIAL HAIR _____

GLASSES Y OR N IDENTIFYING MARKS, SCARS _____

TATTOOS, BODY PIERCING, ETC. _____

OFFICER SAFETY INFORMATION

VEHICLE: MAKE _____ MODEL _____ YEAR _____ COLOR _____

DOG(S) Y OR N BREED: _____ ARE THEY CHAINED? Y OR N FENCED? Y OR N

WEAPONS ON PREMISES? Y OR N PERSON KNOWN TO CARRY WEAPONS? Y OR N

IF YES, WHAT TYPE OF WEAPONS? _____

WHERE ARE THE WEAPONS LOCATED? _____

ON PAROLE OR PROBATION? Y OR N HISTORY OF VIOLENCE TO POLICE? Y OR N

DOCUMENTS

Documents

NAME OF DOCUMENTS TO BE SERVED: (Write the name of the documents that is printed in bold writing on the bottom of the forms.)

BEST TIME TO SERVE: Anytime/Morning/Afternoon/Evening _____

PRINT YOUR NAME AND MAILING ADDRESS WITH ZIP CODE:

PHONE NUMBER: _____

SIGNATURE: _____

Your Info

AMOUNT \$ _____ CASH OR CHECK: # _____ WAIVER _____