



# Instructions to the Sheriff of the County of Sutter

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

\_\_\_\_\_ vs. \_\_\_\_\_  
Plaintiff/Creditor Defendant/Debtor Court Case Number

### Type of Service Requested: (choose only one per process)

- |  |   |   |
|--|---|---|
| <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              | <b>OTHER:</b> _____                                       |   |
| <input type="checkbox"/> W/ Pre-Judgment Claim             |   |   |

## Person to be Served (Defendant)

Name: \_\_\_\_\_  Additional Defendants  
Individual, Business or Agency (if service is on a business please include an 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 Telephone

Person to be served (Defendant) is currently incarcerated at the County of Sutter Jail  
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 Tattoos/scars

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: \_\_\_\_\_