

INSTRUCTIONS TO THE SHERIFF OF THE COUNTY OF SANTA BARBARA

The Sheriff must have written, signed, instructions by the attorney for the creditor, or the creditor if he/ she has no attorney in accordance with CCP 262; 687.010

- 312 E. Cook St. #O, Santa Maria, CA 93454 Ofc (805) 346-7430, Fax (805) 346-7437
- 1105 Santa Barbara St. Santa Barbara, CA 93101 Ofc (805) 568-2900, Fax (805) 568-2909
- 401 East Cypress St., Lompoc, CA 93436 Ofc (805) 737-7710, Fax (805) 737-7711

Please type or print legibly. The Sheriff is entitled to his fee whether or not the service has been effected.
(Escriba Ligible)

SERVE VEHICLE LEVY ON: (Name as shown on document)

First name: _____ **Middle:** _____ **Last Name:** _____
(Nombre)

Race _____ **Sex** _____ **Age/DOB** _____ **Eyes** _____ **Hair** _____ **Ht.** _____ **Wt.** _____
(Raza) (Sexo) (Edad/ Fecha de nacimiento) (Ojos) (Pelo) (Altura) (Peso)

Street _____
(Dirección)

City _____ **State** _____ **Zip** _____ **Phone** _____
(Ciudad) (Estado) (Teléfono)

Employer _____ **Address** _____
(Patrono) (Domicilio)

City _____ **State** _____ **Zip** _____ **Phone** _____
(Ciudad)

Comments: _____

Defendant may pose threat as follows: _____
(El acusado puede posar amenaza en la siguiente manera)

Type of Vehicle: _____ **Year:** _____ **Make:** _____ **Model:** _____

Color: _____ **License #:** _____ **VIN:** _____

Lien Holder if Known: _____

[A DEPOSIT OF \$2,000.00 IS REQUIRED PER VEHICLE]

Plaintiff or Attorneys name: _____ **Cell #** _____

Name: _____
(Nombre de Demandante o Abogado)

Street: _____
(Dirección)

City: _____ **State:** _____ **Zip** _____ **Attn:** _____
(Ciudad)

Home phone: _____ **Bus. Phone:** _____ **Ext:** _____ **Fax:** _____
(Teléfono de casa) (Teléfono de trabajo)

Signature (Firma)

Date (Fecha)

DMV CHECK MADE: Yes No DATE OF CHECK: _____