

SERVICE INSTRUCTIONS TO THE SHERIFF OF SANTA BARBARA COUNTY

The Sheriff must have original instructions signed by the attorney of record or the plaintiff if he/she has no attorney. (CCP 262)

North County Offices - 312 E. Cook St, PO Box 5049, Santa Maria CA 93456, Ofc: 805-346-7430, Fax 805-346-7437
South County Offices - 1105 Santa Barbara St, PO Box 690, Santa Barbara CA 93102, Ofc 805-568-2900, Fax 805-568-2909

You must submit a complete set of documents per person being served.

Plaintiff (Demandante) vs. _____
Defendant (Acusado) Court Case Number (Numero de la corte)

Court Hearing Date(if applicable): _____ Court Department # _____ File # _____
(Fecha de Audiencia) (Depto)

To the Sheriff, you are instructed to serve the following documents (REQUIRED):

- | | |
|---|---|
| <input type="checkbox"/> Plaintiff's Claim & Order (Small Claims) | <input type="checkbox"/> Landlord/Tenant Notice (3-day/30 day/60 day) |
| <input type="checkbox"/> Claim of Defendant | <input type="checkbox"/> Subpoena, Subpoena Duces Tecum (Civil) |
| <input type="checkbox"/> Summons & Complaint / Unlawful Detainer | <input type="checkbox"/> Subpoena (Criminal) |
| <input type="checkbox"/> Summons & Petition | Civil Bench Warrant |
| Request for Order to Show Cause | Notice / Misc Service |
| Temporary Restraining Order (DV/EA/CH/WV/SV/GV) | |

PERSON(S) TO BE SERVED: (A complete first and last name must be provided and must match the court documents. We cannot look up or verify names or addresses.)

Name or Business Name: _____
(Nombre o Nombre del negocio)

Authorized Agent for Service of Process for Business: _____
(Agente)

Address For Service: _____ **City** _____ **State** _____ **Zip** _____ **Phone** _____
(Domicilio) (Ciudad) (Estado) (Codigo postal) (Telefono)

Additional Address: _____ **City** _____ **State** _____ **Zip** _____ **Phone** _____
(Otra direccion)

Race _____ **Sex** _____ **Age** _____ **Height** _____ **Weight** _____ **Hair** _____ **Eyes** _____ **Other Description** _____
(Raza) (Sexo) (Edad) (Altura) (Peso) (Pelo) (Ojos) (Otra descripcion)

Best time to attempt service _____ **Picture attached (Optional)** _____ **Email** _____
(El Mejor momento para servir)

Name of Employer (If known) _____
(Empleador)

Employer Address _____ **City** _____ **State** _____ **Zip** _____ **Phone** _____
(Direccion del empleado) (Ciudad) (Estado) (Codigo postal) (Telefono)

Work hours _____
(Horas laborales)

Vehicle Description / Make _____ **Model** _____ **Color** _____ **License Plate** _____
(Vehiculo)

Officer Safety (Check all that apply) Violent Criminal History Weapons Drugs/Alcohol Dogs Other Unknown
(Seguridad del oficial)

Explain: _____

Additional Information _____
(Información Adicional)

RETURN INFORMATION (All notices, including proofs of service, will be sent to the name and address listed below)

Requestor Name _____
(Solicitante)

Mailing Address _____
(Direccion de envio)

City _____ **State** _____ **Zip** _____
(Ciudad) (Estado) (Codigo postal)

Phone Number _____ **Business Phone** _____
(Telefono) (telefono de trabajo)

Attention _____
(Atencion)

Signature (attorney of record or plaintiff if there is no attorney)
(Firma)

Date
(Fecha)

Printed Name
(Nombre)

The Sheriff does not guarantee service and is entitled to his fee for service whether or not the service is successful (GC 26738). All fees must be prepaid unless the Court has issued a valid fee waiver.