



# 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 Office – 312 E. Cook St, PO Box 5049, Santa Maria CA 93456  
South County Office – 1105 Santa Barbara St, PO Box 690, Santa Barbara CA 93102

Ofc: (805) 346 7430 Fax: (805) 346 7437  
Ofc: (805) 568 2900 Fax: (805) 568 2909

\_\_\_\_\_ vs. \_\_\_\_\_  
Plaintiff Defendant

Court Case Number: \_\_\_\_\_ Hearing Date (if applicable): \_\_\_\_\_ Department#: \_\_\_\_\_

To The Sheriff, You Are Instructed To Serve The Following Documents:

- Plaintiffs Claim & Order
  - Claim To Defendant
  - Summons & Petition
  - Request For Order
  - Subpoena
  - Civil Bench Warrant Notice
  - Misc. Service
  - Landlord / Tenant Notice
  - Summons & Complaint / Unlawful Detainer
  - Temporary Restraining Order
- (MUST complete "Officer Safety Info. Sheet")

### A. PERSON(S) TO BE SERVED: (the name MUST match the court documents)

Name or Business Name: \_\_\_\_\_

Authorized Agent for Service of Process for Business: \_\_\_\_\_

DOB: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Gender: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Best Time to Service: \_\_\_\_\_ Phone (cell/home): \_\_\_\_\_ Gate Code: \_\_\_\_\_

Name Of Employer: \_\_\_\_\_ Work Hours: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Vehicle Description: Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ License Plate: \_\_\_\_\_

Officer Safety:  Violent  Criminal History  Weapons  Drugs  Alcohol  Dogs  Other  Unknown

Explain: \_\_\_\_\_

Additional Information: \_\_\_\_\_

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

Requestor Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Business Phone: \_\_\_\_\_ EXT: \_\_\_\_\_

\_\_\_\_\_  
Signature (attorney of record or plaintiff if there is no attorney) Date

*The Sheriff does not guarantee service and is entitled to his fee for service whether or not the service is successful (GC26738). All Fees MUST be prepaid unless the Court has issued a valid fee waiver. Checks must be payable to S.B.CO. Sheriff Dept. If an access code is required to serve the requested documents and it's not provided or if the property address is not clearly visible on the building or the curb, our deputies will not be able to complete the service and it will be returned unsuccessful.*