



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.



OFFICER SAFETY INFORMATION SHEET

(MUST Be Completely Filled Out)

Court Case #: _____ Your Relationship to Respondent: _____

_____ vs. _____
Plaintiff Defendant

What Type of Restraining Order Do You Have?

- Domestic Violence Elder Abuse School Violence
- Civil Harassment Workplace Violence Gun Violence

Move Out Order Yes No Child Turn Over Order Yes No Photo Provided Yes No

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.

Officer Safety Information: All Questions MUST Be Answered As They Pertain To The Person Being Served.

Drugs Or Alcohol	<input type="checkbox"/> Drugs(specify): _____ <input type="checkbox"/> Unknown <input type="checkbox"/> Alcohol	
Mental Health	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Prior Law Enforcement Contact	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Gang Member/ Parole/ Probation	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Gang Member <input type="checkbox"/> On Parole/Probation
Known To Carry Weapons	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Guns <input type="checkbox"/> Knives <input type="checkbox"/> Other
Weapons On Premises	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Guns <input type="checkbox"/> Knives <input type="checkbox"/> Other
Threats Toward Law Enforcement	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Specify: _____
Violent	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Physically <input type="checkbox"/> Verbally <input type="checkbox"/> Both
Military/Security/ Law Enforcement	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Military <input type="checkbox"/> Security <input type="checkbox"/> Law Enforcement
Dogs	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Specify: _____
Security Cameras or Alarms	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Cameras <input type="checkbox"/> Alarms
What Language Does the Defendant Speak?	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other <input type="checkbox"/> Don't Know Specify: _____	
Is The Defendant in Santa Barbara County Jail?	<input type="checkbox"/> Yes <input type="checkbox"/> No	ID/ Booking # _____
Is This a Child Turn Over?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Contact Name Person Picking Up Child Adult: _____ Phone #: _____
Who Has Physical Custody of Child / Children Now?	<input type="checkbox"/> You <input type="checkbox"/> Person to Be Served	

Additional Information: _____

