

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

- 312 E. Cook St., P.O. Box 5049 Santa Maria, Ofc: (805) 346-7430, Fax (805) 346-7437
CA 93456
- 1105 Santa Barbara St., P.O. Box 690 Santa Ofc: (805) 568-2900, Fax (805) 568-2909
Barbara, CA 93102

Please type or print legibly. The Sheriff is entitled to his fee whether or not the service is effective.
(Escriba Legible) (El Aguacil tiene derecho a su cuota si o no haya sido efectuado el servicio)

SERVE DOCUMENTS ON: (Name as shown on document)

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

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

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

Street: _____
(Domicilio)

City: _____ **State:** _____ **Zip:** _____ **Phone:** _____
(Ciudad) (Estado) (Codigo Postal) (Teléfono)

Employer _____ **Address** _____
(Empleador) (Domicilio)

City: _____ **State:** _____ **Zip:** _____ **Phone:** _____
(Ciudad) (Estado) (Codigo Postal) (Telefono)

Comments: _____
(Comentarios)

VEHICLE DESCRIPTION: _____
(Vehiculo)

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

TYPE OF DOCUMENTS TO BE SERVED:

- | | |
|--|---|
| <input type="checkbox"/> Plaintiff's Claim & Order | <input type="checkbox"/> Landlord/Tenant Notice (3-day/30 day/60 day) |
| <input type="checkbox"/> Claim of Defendant | <input type="checkbox"/> TRO (DV/EA/CH/WV/SV/GV) |
| <input type="checkbox"/> Order of Examination | <input type="checkbox"/> Request For Order To Show Cause |
| <input type="checkbox"/> Summons & Complaint/UD | <input type="checkbox"/> Subpoena, Subpoena Duces Tecum (civil) |
| <input type="checkbox"/> Summons & Petition | <input type="checkbox"/> Subpoena (criminal) |
| <input type="checkbox"/> Notice/Misc. Service | <input type="checkbox"/> Civil Bench Warrant |

HEARING DATE: _____ **DEPT:** _____ **Case #:** _____
(Fecha de Audiencia) (Depto) (Caso)

Requestor's name: _____ **Cell #:** _____
(Solicitante)

Mailing Address: _____
(Direccion de envio)

City: _____ **State:** _____ **ZIP:** _____ **Attn:** _____
(Cuidad)

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

Signature
(Firma)

Date
(Fecha)