

SERVICE INSTRUCTIONS TO THE SHERIFF OF KERN COUNTY

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

You must submit a complete set of documents per person being served plus an additional copy for the Sheriff's file
(two copies if your documents can be sub-served).

(PLEASE PRINT EXCEPT FOR SIGNATURE)

Plaintiff vs. _____
Defendant Court Case Number

Court Hearing Date (If applicable): _____ (We must receive your documents no later than 10 days prior to the last day for service)

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

- | | |
|---|--|
| <input type="checkbox"/> Claim of Plaintiff/Defendant (Small Claims) | <input type="checkbox"/> Request for Order/Order to Show Cause |
| <input type="checkbox"/> Order to Appear | <input type="checkbox"/> Subpoena |
| <input type="checkbox"/> Notice to Pay Rent or Quit/Terminate Tenancy | <input type="checkbox"/> Summons and Complaint/Petition |
| <input type="checkbox"/> Other (Must Include ALL Attachments): _____ | |

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.)

PERSON #1

_____ Name	_____ Agent for Service (if applicable)	
_____ Address For Service	_____ City	_____ Zip Code
_____ Name of Employer (if applicable)	_____ Employer's Address/Other Address for Service	
_____ Best time to attempt service:	_____ Work Hours:	
Description: _____ Race Sex Age Height Weight Hair Eyes Distinguishing Marks, Scars, or Tattoos		
Officer Safety (check all that apply): <input type="checkbox"/> Violent <input type="checkbox"/> Criminal History <input type="checkbox"/> Weapons <input type="checkbox"/> Drugs/Alcohol <input type="checkbox"/> Dogs <input type="checkbox"/> Other Explain: _____		

PERSON #2

_____ Name	_____ Agent for Service (if applicable)	
_____ Address For Service	_____ City	_____ Zip Code
_____ Name of Employer (if applicable)	_____ Employer's Address/Other Address for Service	
_____ Best time to attempt service:	_____ Work Hours:	
Description: _____ Race Sex Age Height Weight Hair Eyes Distinguishing Marks, Scars, or Tattoos		
Officer Safety (check all that apply): <input type="checkbox"/> Violent <input type="checkbox"/> Criminal History <input type="checkbox"/> Weapons <input type="checkbox"/> Drugs/Alcohol <input type="checkbox"/> Dogs <input type="checkbox"/> Other Explain: _____		

(Attach an additional sheet for additional defendants)

Substitute service is authorized (If allowable pursuant to CCP 116.340; 415.20; Rules of Court 1702). You must submit an additional copy per person being served.

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

Name

Address

City, State, Zip Code

Daytime Telephone Number

Email Address @

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

Date

Printed Name: _____

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. No refund for an amount of \$10.00 or less. (GC 29375.1)