



Office of the Sheriff

1400 E. Main Street, Quincy, California 95971 • (530) 283-6375 • Fax 283-6344

GREGORY J. HAGWOOD
SHERIFF/CORONER

INSTRUCTIONS TO THE SHERIFF

_____ VS _____
 Plaintiff Defendant

_____ VS _____
 Court Case Number Levying Officer File Number

The Sheriff is entitled to his fee whether or not the service has been effected.

Please type or print legibly

SERVE DOCUMENTS ON DEFENDANT:

NAME: _____

HOME ADDRESS: _____

CITY AND ZIP CODE: _____

EMPLOYER: _____

EMPLOYER'S ADDRESS: _____

DESCRIPTION: _____

Race	Sex	Age	Ht.	Wt.	Hair	Eyes	DOB
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Vehicle (If Known): _____

Make/Model	Year/License Number	Color
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Defendant may pose a threat (explain): _____

TYPE OF DOCUMENTS TO BE SERVED: _____

HEARING DATE (If applicable): _____

Signature of attorney (or party without an attorney) _____ Date _____

Print name of attorney (or Party without attorney) _____

Address of attorney (or party without an attorney) Number, Street, City, State, ZIP Code _____

Telephone Number _____ Cell Number _____

E-Mail Address _____ FAX Number _____