



Office of the Sheriff

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

INSTRUCTIONS TO THE SHERIFF

Plaintiff VS _____
Defendant

Court Case Number VS _____
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

Vehicle (If Known): _____
Make/Model Year/License Number Color

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