

OFFICE OF SHERIFF COUNTY OF KINGS
CIVIL DIVISION – SERVICE INSTRUCTIONS
 1444 W. Lacey Blvd.
 PO Box 986
 Hanford, CA 93232-0986

CIVIL DIVISION FILE NO.

COURT CASE NO.:

HEARING DATE:

PLAINTIFF/PETITIONER

VS

DEFENDANT/RESPONDENT

SERVICE DOCUMENTS

COMPLETED DOCUMENTS TO BE SERVED:

BLANK FORMS TO BE SERVED:

SERVICE INFORMATION

IN KINGS COUNTY JAIL

PERSON TO SERVE:

NAME: First Middle Last

MALE

FEMALE

DATE OF BIRTH:

AGE:

HEIGHT:

WEIGHT:

HAIR:

EYES:

RACE:

SCARS, MARKS, TATTOOS:

HOME ADDRESS:

Street

City

State

Zip

Best Service:

Days

Times

WORK ADDRESS:

Street

City

State

Zip

Best Service:

Days

Times

Name of Place of Employment:

PERSON MAY POSE A THREAT? IF SO EXPLAIN:

DOG(S)? PLEASE LIST NUMBER/SIZE/TYPE OF DOG(S):

WANTED? IF SO, EXPLAIN REASON:

VEHICLE INFORMATION - Make, Model, Year, Color, or any other description:

PLEASE READ & SIGN INSTRUCTIONS

PLEASE READ: The Sheriff must have written, signed instructions by the Attorney for the Litigant, or the Litigant if he/she has no Attorney in accordance with CCP 262; 687.010. Please DO NOT call our office for status on your case. We will notify you by mail on the outcome of the service. The Sheriff is entitled to his fee for ATTEMPTED service whether the service is successful or not.

PERSON REQUESTING SERVICE:

NAME: First Middle Last

PRIMARY PHONE NUMBER:

()

ADDRESS:

Street

City

State

Zip

CELL PHONE NUMBER:

()

PO BOX OR MAILING ADDRESS

Street

City

State

Zip

Other Phone Number:

()

E-MAIL ADDRESS:

If person requesting service is an Attorney, who do you represent?

Plaintiff

Defendant

Other Involved Party – Type Name:

I authorize the Sheriff to serve this process in any manner prescribed by law.

Signature:

Date:

Office Use Only

FOR OFFICE USE ONLY

RECEIPT AREA

WAIVER

of Services:

Rcvd By:

FOR OFFICE USE ONLY

FOR OFFICE USE ONLY