

INSTRUCTIONS TO THE SHERIFF OF THE COUNTY OF SOLANO

Civil Bureau 530 Union Ave., Ste. 100 Fairfield, CA 94533 (707) 784-7020 fax (707) 421-7027

The Sheriff must have written and signed instructions by the plaintiff representing him/herself or the Attorney of record in accordance with California Civil Procedure Code 262. The Sheriff is entitled to the fee for service whether or not the service is successful (GC26738). ****You will receive a proof of service by mail, the original will be sent to the court.****

GENERAL CIVIL PROCESS FOR SERVICE

Plaintiff _____ vs. Defendant: _____

Court Case # _____ Sheriff's File # _____

Sheriff's office will issue

TYPE OF SERVICE REQUESTED: PLEASE BE AWARE OF SERVICE TIME RESTRICTIONS TO ALLOW ENOUGH TIME FOR SERVICE. PAPERS ARE PROCESSED IN THE ORDER RECEIVED.

- SC-100 Plaintiff's Claim & Order SC-120 Defendant's Claim & Order
- Order of Examination Order to Show Cause
- Request for Order (must be served at least 16 court days before hearing)
- Domestic Violence Order ← (must be served at least 5 days before hearing) → Civil Harassment Order
- Summons/Petition Summons/Complaint Summons/Complaint/UD Pre-Judg Claim of Right Included
- Notice of Motion (must be served at least 16 court days before hearing)
- Other _____

PERSON TO BE SERVED

***Service hours are 6 AM to 3:30 PM, Mon - Fri. We cannot lookup or provide a service address for you.**

First name _____ Middle _____ Last name or Company name _____

Street address _____

City _____ State _____ Zip Code _____ Phone # _____

Employer _____ Address _____

Sex _____ Race _____ Ht. _____ Wt. _____ Hair _____ Eyes _____ DOB _____

* BEST TIME FOR SERVICE: _____

Additional Information _____

<p>FOR OFFICE USE ONLY</p> <p>Check number # _____</p> <p><input type="checkbox"/> Cash \$ _____</p> <p><input type="checkbox"/> Waiver <input type="checkbox"/> SCDV</p> <p><input type="checkbox"/> Credit <input type="checkbox"/> Debit</p> <p>Comments:</p>

Plaintiff / Plaintiff's Attorney / Respondent

x _____
* Signature required*

_____ Address

_____ City State Zip

Phone _____