



Tulare County SHERIFF

Proudly Serving Since 1852

Office of
MIKE BOUDREAUX
Sheriff-Coroner
2404 W. Burrel Ave
Visalia, CA 93291-4580
(559) 636-4716

INSTRUCTIONS TO SHERIFF – GENERAL SERVICE OF PROCESS

Please **PRINT** clearly (except for signature) and provide as much information as possible. The Sheriff **MUST** have original instructions signed by the attorney or the plaintiff if he/she has no attorney (CCP 262).

We must receive your documents no later than 10 days prior to the last day for service.

A complete set of documents per person being served plus an additional copy for the Sheriff's file is required.

(Two copies if your documents can be sub-served)

Please return forms to: **Tulare County Sheriff's Dept. Civil Unit 221 S. Mooney Blvd, Room 102, Visalia, CA 93291**

Phone 559-636-5090 / Fax 559-713-3794

Civil window is open for submission of paperwork 8:00am-4:00pm Monday- Friday

CASE TITLE: _____ **VS.** _____
(PLAINTIFF) (DEFENDANT)

COURT CASE NO: _____ **COURT DATE:** _____

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 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.)

Name : _____
Print First and Last

Home Address: _____ Phone: _____
Street City State ZIP

Employer Name: _____ Work hours: _____

Address: _____ Phone: _____
Street City State ZIP

Other Address: _____ Cell Phone: _____
Street City State ZIP

Is the person in a Tulare County Detentions Facility? Y / N _____ Facility Name _____ JID number _____

What is the relationship of other address to defendant (parents, friends, etc.)? _____

Which address is the best location for service between 8:00am and 4:00 pm? Home Work Other

Will he/she avoid service: Y / N _____ Is the person violent towards Peace Officers? Y / N _____

PHYSICAL DESCRIPTION OF PERSON BEING SERVED:

Sex: _____ Date of Birth: _____ Age: _____ Height: _____ Weight: _____

Hair Color: _____ Eye Color: _____ Race: _____ Photo Attached: Y / N

Distinguishing Marks, Scars or Tattoos: _____

Vehicle Description (year, make, model, color, license number, etc.): _____



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POTENTIAL PROBLEMS - To help ensure a safe process for all parties, mark all known or suspected situations involving the party to be served. You **MUST** give an explanation for any checked items in the space provided below:

- | | |
|--|--|
| <input type="checkbox"/> Firearms | <input type="checkbox"/> Suicidal or previous suicide attempts |
| <input type="checkbox"/> Other weapons | <input type="checkbox"/> Any medical concerns affecting public safety |
| <input type="checkbox"/> Assaultive/threatening behavior | <input type="checkbox"/> Language if other than English (Is there a translator?) |
| <input type="checkbox"/> Gang activity | <input type="checkbox"/> Children (List ages) _____ |
| <input type="checkbox"/> Drug activity | <input type="checkbox"/> Unusual behavior or actions (Describe the unusual behavior) |
| <input type="checkbox"/> Vicious animals (List number and type) | <input type="checkbox"/> Deaf/Blind |
| <input type="checkbox"/> Alarms or surveillance cameras | <input type="checkbox"/> Elderly or infirm with care provider |
| <input type="checkbox"/> Criminal activity may be taking place (What type?) | <input type="checkbox"/> Other foreseeable risks of harm to deputies or public |
| <input type="checkbox"/> Prior law enforcement contact/action (What type of contact/action? When?) | <input type="checkbox"/> Additional information listed below |

ADDITIONAL INFORMATION (from check boxes above):

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

Name: _____ Home Phone: _____
Print First and Last

Address: _____ Street _____
City State ZIP

Email Address: _____ Work Phone: _____
 Cell Phone: _____

Your Signature: _____ Today's Date: _____
Signature (attorney of record or plaintiff if there is no attorney)

WAIVER OF LIABILITY:

Some legal documents are required by law to be served a certain number of days prior to the court hearing. It is **NOT** the responsibility of the Sheriff to provide this information. Some legal documents are also required to have other forms such as responses or informational documents attached. It is **NOT** the responsibility of the Sheriff to provide these forms or information. By signing this document you acknowledge and waive the liability of the Sheriff if the attached documents for service do not conform to the California Civil Code of Procedure or any other applicable code governing time for service or required additional documents.

Signature: _____ Today's 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.