



Tulare County, California

SHERIFF

Proudly Serving Since 1852

Office of
MIKE BOUDREAUX
Sheriff-Coroner
833 S. Akers Street
Visalia, CA 93277
(559) 802-9400

INSTRUCTIONS TO SHERIFF

Return form to: Tulare County Sheriff's Office, Civil Unit 221 S. Mooney Blvd., Room 102 Visalia CA. 93291

Phone (559) 636-5090/Fax (559) 713-3794 e-mail: Sheriffscivil@co.tulare.ca.us

Please PRINT clearly and provide as much information as possible. The Sheriff MUST have original instructions signed by the attorney or the plaintiff (CCP 262). SERVICES WITHIN TULARE COUNTY ONLY!!!

COPIES NEEDED: A complete set of documents per person being served plus an additional copy for the Sheriff's file is required. If the document can be sub served, (2) two copies are required for the Sheriff.

CASE TITLE (names on court papers):

\_\_\_\_ vs \_\_\_\_
(Plaintiff) (Defendant)

Documents to be served (Required): \_\_\_\_\_

Court Case number: \_\_\_\_\_ Court Date: \_\_\_\_\_

PERSON TO BE SERVED; (The below requested information is EXTREMELY IMPORTANT. The Civil Unit cannot research or look up addresses or phone numbers for Person(s)/Defendant(s) to be served. Services will only be attempted /conducted between 8:00 AM and 4:00 PM Monday through Friday.

Name of person to be served (provide full legal name, if possible): \_\_\_\_\_

Home address of person to be served: \_\_\_\_\_
Address City Zip Code

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_ Work: \_\_\_\_\_

Business Name/Work Address of the person to be served: \_\_\_\_\_

Work hours: \_\_\_\_\_ Vehicle description/color/license plate: \_\_\_\_\_

Best location to serve person between 8:00 am and 4:00 pm: \_\_\_\_\_

Physical Description/Further information of person to be served:

Table with 2 columns and 8 rows containing fields like Date of Birth and Age, Tattoos/marks/scars, Eye color and Hair color, Race, Height and Weight, Photo attached, Is this a MOVE OUT ORDER?, Will they avoid service?, Is this a CHILD TURN OVER ORDER?, Is the person in Tulare County Jail?, Who has the child (children now)?, JID Number, You: Y/N, Person being served: Y/N, Facility Name.

\*\*\*\*\*COMPLETE THE BACK OF THIS FORM (REQUIRED FOR SERVICE) \*\*\*\*\*



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\*\*\*\*\*POTENTIAL PROBLEMS/DANGERS \*\*\*\*\*

Please list any potential risks, problems or dangers to deputies or the public, such as firearms, gang activity, vicious animals, suicidal statements, Elderly, Children in the home, any disabilities, ect:

Four horizontal lines for listing potential risks, problems, or dangers.

REQUIRED INFORMATION: PERSON REQUESTING SERVICE(PLAINTIFF); This information is confidential

The name and address of person/plaintiff requesting service is MANDATORY.

Name of Person/Plaintiff requesting service: \_\_\_\_\_

Mailing or current address of Person requesting service:

Address City Zip code

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Work: \_\_\_\_\_

Send Proof of Service to (If different than above): \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Waiver of Liability:

Some legal documents are required by law to be served in a certain amount 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 or Procedure of any other applicable code governing time for service or required additional documents.

Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_