



Tulare County, California

SHERIFF

Proudly Serving Since 1852

Office of
MIKE BOUDREAU
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

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).

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: _____

Phone: _____ Cell: _____ Work: _____

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

Work hours: _____ Vehicle description/color/license plate: _____

Other addresses: _____

Reason they might be at other address provided: _____

Physical Description/Further information of person to be served:

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

******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:

PERSON REQUESTING SERVICE(PLAINTIFF);

(This form is for Sheriff's personnel ONLY. The name and address of person/plaintiff requesting service is required.)

Name of Person/Plaintiff requesting service: _____

Current Address of Person requesting service: _____

Phone: _____ Cell: _____ 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: _____