INSTRUCTIONS TO THE SHERIFF OF THE COUNTY OF SACRAMENTO:

(The Sheriff must have written and signed instructions by the Plaintiff representing himself/herself or the Attorney of record in accordance with California Civil Procedure Code 262.)

TYPE OR PRINT CLEARLY

Court Case # _____ **Sheriff's File #** _____

_____ **vs.** _____

PLAINTIFF'S NAME **DEFENDANT'S NAME**

PARTY TO BE SERVED (Name must be EXACTLY the same as listed on the document which is to be served. Also include agent's name if serving a corporation.)

Name: _____ **Name:** _____

Address: _____ **Address:** _____

City & Zip: _____ **City & Zip:** _____

Agent: _____ **Agent:** _____

ADDITIONAL ADDRESS FOR SERVICE (work address of individual must include name of employer):

Name: _____ **Name:** _____

Address: _____ **Address:** _____

City & Zip: _____ **City & Zip:** _____

NORMAL HOURS FOR SERVICE ARE MONDAY THROUGH FRIDAY, 8:00 A.M. to 3:00 P.M.

INDICATE THE BEST TIME TO SERVE AND GIVE A PHYSICAL DESCRIPTION OF THE PERSON **(If possible):**

_____

_____

SIGNATURE: _____ **DAY PHONE:** (_____)_____

(Required) **Party (In Pro Per) or Party's Attorney requesting service** **Between 8:00 A.M. and 5:00 P.M.**

PRINT YOUR NAME: _____ **DATE:** _____

STREET ADDRESS: _____ **E-MAIL:** _____

CITY AND ZIP CODE: _____

NOTE: The Sheriff is entitled to his/her fees for service, whether or not the service is successful (Government Codes 26736 and 26738)

You will receive a copy of the proof of service in the mail. **PLEASE DO NOT PHONE.**

COUNTY OF SACRAMENTO SHERIFF'S DEPARTMENT—CIVIL DIVISION
3341 POWER INN ROAD, #313, SACRAMENTO, CA 95826