

INSTRUCTIONS TO THE SHERIFF OF THE COUNTY OF SOLANO

Civil Bureau 530 Union Ave., Ste. 100 Fairfield, CA 94533 Email SHFCivil@solanocounty.com
Direct Line (707) 784-7020 Fax (707) 784-1436

➤ NEW Checking File Status  <https://civilsheriff.solanocounty.com/FileStatus>

Coming Soon Self-Help Portal https://www.solanocounty.com/depts/sheriff/civil_bureau/default.asp

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 the service is successful or not (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

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

- ☐ 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-Judge Claim of Right Included
☐ SC-100 Plaintiff's Claim & Order ☐ Order to Show Cause ☐ Other _____

PERSON TO BE SERVED

* We cannot lookup or provide a service address for you. *We cannot provide legal advice.

DEPUTY SERVICE HOURS 6 AM TO 3PM. Please provide a best time for service attempt _____

BEST TIME

First name _____ Middle _____ Last name or Company name _____
Address in Solano County _____ City _____
Zip Code _____ Phone # _____ Vehicle Type _____
Employer _____ Address (Solano Co) _____
Sex _____ Race _____ Ht _____ Wt _____ Hair _____ Eyes _____ Facial Hair _____
Scars _____ Tattoos _____ DOB _____ Age _____
Weapons _____ Additional Info _____

Plaintiff / Plaintiff's Attorney / or Respondent Information is REQUIRED

**SIGN
HERE**



* Signature required*

Mailing Address _____

City _____ State _____ Zip _____

Phone _____

FOR OFFICE USE ONLY

☐ Check _____

☐ Cash \$ _____

☐ Waiver ☐ SCDV

☐ Credit ☐ Debit

Copy Fee _____