

# INSTRUCTIONS TO THE SHERIFF OF THE COUNTY OF SOLANO

Civil Bureau 530 Union Ave., Ste. 100 Fairfield, CA 94533 (707) 784-7020 fax (707) 421-7027

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 or not the service is successful (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

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

- SC-100 Plaintiff's Claim & Order     SC-120 Defendant's Claim & Order
- Order of Examination                       Order to Show Cause
- 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-Judg Claim of Right Included
- Other \_\_\_\_\_

### PERSON TO BE SERVED

**\*Office hours are 7:30 AM to 5:00 PM We cannot lookup or provide a service address for you.**

**\*We cannot provide legal advice.**

**\*Deputy Service hours are 6 AM to 3:00 PM, Mon - Fri.**

First name \_\_\_\_\_ Middle \_\_\_\_\_ Last name or Company name \_\_\_\_\_

Street address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone # \_\_\_\_\_

Employer \_\_\_\_\_ Address \_\_\_\_\_

Sex \_\_\_\_\_ Race \_\_\_\_\_ Ht. \_\_\_\_\_ Wt. \_\_\_\_\_ Hair \_\_\_\_\_ Eyes \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_

\* BEST TIME FOR SERVICE: \_\_\_\_\_

Additional Information \_\_\_\_\_

#### FOR OFFICE USE ONLY

Check number # \_\_\_\_\_

Cash \$ \_\_\_\_\_

Waiver     SCDV

Credit     Debit

Comments:

#### Plaintiff / Plaintiff's Attorney / Respondent

x \_\_\_\_\_  
\* Signature required\*

\_\_\_\_\_  
Address

\_\_\_\_\_  
City                      State                      Zip

Phone \_\_\_\_\_