

# 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

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-Judg 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** \_\_\_\_\_

**\*TIME\***

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

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



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

\_\_\_\_\_  
Mailing Address

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

\_\_\_\_\_  
Phone

### FOR OFFICE USE ONLY

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

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

Waiver  SCDV

Credit  Debit

Copy Fee \_\_\_\_\_