

SERVICE INSTRUCTIONS TO THE SHERIFF OF VENTURA COUNTY

Civil Division • 800 S. Victoria Ave., HOJ Rm. 101 • Ventura • CA • 93009

Phone (805) 654-2391 • Fax (805) 645-1342

The Sheriff must have written, signed instructions by the attorney for the party, or the party if he or she does not have an attorney, in accordance with CCP 262, 687.010.

Plaintiff/Petitioner vs. _____
Defendant/Respondent **Court Case Number**

To the Sheriff, you are instructed to serve the following documents:

- Small Claims
- Restraining Order
- Summons & Petition
- Summons&Complaint
- Summons&Complaint Unlawful Detainer
- Bench Warrant
- Subpoena
- Request for Order FL-300
- Response- serve by date _____
- Other _____

If you are serving a Business or Entity, write the name of the business or entity exactly as it appears on your papers; write the name of the person authorized for service, and that person's job title. **We cannot look up, verify, or provide a service address for you.**

1 Who do you want us to serve? **Additional party? Complete page 2**

NAME: _____ **PHONE #:** _____

(Authorized Agent for service: _____ Job Title: _____)

What is the address for service? Provide the best address(es) for **daytime** service, MONDAY-FRIDAY ONLY:

Address: _____
Street Apt./Suite # City State ZIP

Employer's Name & Address: _____
Street Apt./Suite # City State ZIP

..... Is there a building code or gate code? No Yes, the code is: _____

Physical Description of person to be served:

Date of Birth _____ Age _____ Height _____ Weight _____ Gender _____

Ethnicity/Race? _____ Hair Color _____ Eye Color _____

Unique Characteristics (scars/marks/tattoos, etc.) / Vehicle Description _____

SPECIAL INSTRUCTIONS: _____

2 Officer Safety Items: Are you **AWARE** of any of the following officer safety concerns about the PERSON being served?

Drugs or Alcohol?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol
Mental Health Issues?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Criminal Activity?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Gang member/Parole/Probation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Gang member <input type="checkbox"/> On Parole/Probation
Weapons?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Guns <input type="checkbox"/> Knives <input type="checkbox"/> Other
Violent?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Towards Law Enforcement <input type="checkbox"/> Others
Military or Security Experience?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Military <input type="checkbox"/> Security
Dogs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Describe:
Security Cameras or Alarms?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Cameras <input type="checkbox"/> Alarms

******Notice to Requestor: The Sheriff's Office DOES NOT guarantee service.**

The Sheriff is entitled to his fee, whether or not the service is successful, in accordance with GC 26738

All notices, including proofs of service, will be sent to the name and address listed below:

3 Name of Person Requesting Service: _____

MAILING Address: _____
Street or PO Box Apt./Suite # City State ZIP

Phone Number _____ E-mail Address _____

Signature _____ ***Date*** _____

Civil Office Use Only: Mail Counter Fee Waiver

Received by: _____

SERVICE INSTRUCTIONS TO THE SHERIFF OF VENTURA COUNTY

Civil Division • 800 S. Victoria Ave., HOJ Rm. 101 • Ventura • CA • 93009

Phone (805) 654-2391 • Fax (805) 645-1342

The Sheriff must have written, signed instructions by the attorney for the party, or the party if he or she does not have an attorney, in accordance with CCP 262, 687.010.

ADDITIONAL PARTIES TO BE SERVED:

If you are serving a Business or Entity, write the name of the business or entity exactly as it appears on your papers; write the name of the person authorized for service, and that person's job title. **We cannot look up, verify, or provide a service address for you.**

1 Who do you want us to serve? **Additional party? Complete additional sheet.**

NAME: _____ **PHONE #:** _____

What is the address for service? Provide the best address(es) for **daytime** service, MONDAY-FRIDAY ONLY:

Address: _____
Street Apt./Suite # City State ZIP

Employer's Name & Address: _____
Street Apt./Suite # City State ZIP

..... Is there a building code or gate code? No Yes, the code is: _____

Physical Description of person to be served:

Date of Birth _____ Age _____ Height _____ Weight _____ Gender _____

Ethnicity/Race? _____ Hair Color _____ Eye Color _____

Unique Characteristics (scars/marks/tattoos, etc.) / Vehicle Description _____

SPECIAL INSTRUCTIONS: _____

2 Officer Safety Items: Are you **AWARE** of any of the following officer safety concerns about the PERSON being served?

Drugs or Alcohol?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol
Mental Health Issues?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Criminal Activity?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Gang member/Parole/Probation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Gang member <input type="checkbox"/> On Parole/Probation
Weapons?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Guns <input type="checkbox"/> Knives <input type="checkbox"/> Other
Violent?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Towards Law Enforcement <input type="checkbox"/> Others
Military or Security Experience?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Military <input type="checkbox"/> Security
Dogs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Describe:
Security Cameras or Alarms?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Cameras <input type="checkbox"/> Alarms

Civil Office Use Only: **Mail** **Counter** **Fee Waiver**

VCSO Service Instructions (REV September 2021)

Received by: _____