



# ORANGE COUNTY SHERIFF'S DEPARTMENT SERVICE INSTRUCTIONS



Case Number: \_\_\_\_\_

Court (circle one): Santa Ana   Fullerton   Westminster   Newport Beach   Lamoreaux   Other \_\_\_\_\_

**TYPE OF PROCESS:**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Plaintiff's Claim and Order         | <input type="checkbox"/> Civil BenchWarrant                    | <input type="checkbox"/> Summons & Complaint        |
| <input type="checkbox"/> Defendant's Claim and Order         | <input type="checkbox"/> Notice to Pay Rent (3-Day Notice)     | <input type="checkbox"/> Summons & Petition         |
| <input type="checkbox"/> Order for Examination               | <input type="checkbox"/> Notice to Pay Rent (30-Day Notice)    | <input type="checkbox"/> Civil Subpoena             |
| <input type="checkbox"/> Order to Show Cause                 | <input type="checkbox"/> Small Claims Subpoena and Declaration | <input type="checkbox"/> Civil Subpoena Duces Tecum |
| <input type="checkbox"/> Other _____                         |  |   |
| <input type="checkbox"/> Additional Documents –Print on Back |  |   |

**INSTRUCTIONS FOR SERVICE OF THE ATTACHED DOCUMENTS:**

SERVE DOCUMENT(S) ON: (Please Print)

Name: _____	Name: _____
Address: _____	Address: _____
City: _____ Zip Code: _____	City: _____ Zip Code: _____
Name: _____	Name: _____
Address: _____	Address: _____
City: _____ Zip Code: _____	City: _____ Zip Code: _____

LIST ANY SPECIAL INFORMATION: (Best hours for service, Corporate Officers names, etc.)

\_\_\_\_\_

\_\_\_\_\_

Physical description of person:  Male  Female   Age \_\_\_\_ DOB \_\_\_\_\_   Height \_\_\_\_\_   Weight \_\_\_\_\_

Race \_\_\_\_\_   Unique Characteristics \_\_\_\_\_

Substitute service is authorized (Additional copy of process is required)

**X Signature** \_\_\_\_\_ **Date** \_\_\_\_\_.

Print Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_ Phone Number \_\_\_\_\_

**You will be notified by mail regarding the outcome of your service**