

**SERVICE INSTRUCTIONS TO SHERIFF (Landlord Notices / Unlawful Detainers / Evictions)  
To: Michael L. Johnson, Sheriff**

Court Case # \_\_\_\_\_ Hearing Date: \_\_\_\_\_ Advance Fees: \$ \_\_\_\_\_  Fee Wv  
 Sheriff's Case # \_\_\_\_\_ Transaction # \_\_\_\_\_ Cash  Check # \_\_\_\_\_

**DOCUMENTS BEING SERVED**

- EVICTIONS**
- |                                                                                                                                     |                                                                                |
|-------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| <input type="checkbox"/> 3-day Notice                                                                                               | <input type="checkbox"/> Summons and Complaint Unlawful Detainer (see below)** |
| <input type="checkbox"/> 30-day Notice                                                                                              | <input type="checkbox"/> Writ of Possession (original + 2 copies)              |
| <input type="checkbox"/> 60-day Notice                                                                                              | Plaintiffs Mandatory Cover Sheet UD-101                                        |
| <input type="checkbox"/> Answer to Summons/Complaint UD                                                                             | Eviction Contact:                                                              |
| <input type="checkbox"/> Civil Case Cover Sheet                                                                                     | Name: _____                                                                    |
| <input type="checkbox"/> Notice of Case Management Conference                                                                       | Phone No: _____                                                                |
| <input type="checkbox"/> Pre-Judgment Claim of Right to Possession (6 copies of all UD paperwork +1 for each additional defendant.) |                                                                                |

\*\*Please answer the following questions if you are not serving a Pre-Judgment Claim of Right to Possession with the Summons/Complaint UD

DO YOU REQUEST SERVICE ON DOE(S) RESIDING ON THE PREMISES?       YES       NO

IS SUBSTITUTED SERVICE AUTHORIZED?       YES       NO

**Please Serve the Following Parties:**

(1) Name:						Address:				City:	Zip:	Phone:
Bus./Employer:						Address:				City:	Zip:	Phone:
Work days: _____ Hrs: _____												
Sex:	DOB:	Age:	Ht:	Wt:	Hair:	Eyes	Race	**SSN	Driver's License #			
Vehicle Description:												
(2) Name:						Address:				City:	Zip:	Phone:
Bus./Employer:						Address:				City:	Zip:	Phone:
Work days: _____ Hrs: _____												
Sex:	DOB:	Age:	Ht:	Wt:	Hair:	Eyes	Race	**SSN	Driver's License #			
Vehicle Description:												

Possibility of Violence? Y / N      Weapons? Y / N Kind: \_\_\_\_\_      Location: \_\_\_\_\_      Aggressive Dogs? Y / N

COMMENTS / SPECIAL INSTRUCTIONS: \_\_\_\_\_

**Service Requested by: Plaintiff if in Pro Per or Attorney of Record (Per CCP 262 & 687.010):**

NAME (Please print): \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE: \_\_\_\_\_

\*\*The Social Security Number you provided will be used by this agency for internal use only and will not be released except as necessary to assist law enforcement in a criminal investigation, or for officer safety.