

Civil Service

Instructions to the Sheriff of the County of Lake:

(The Sheriff must have written and signed instruction by the Plaintiff representing himself/herself or the Attorney of Record in accordance with California Civil Procedure Code 262.)

PLEASE READ BEFORE COMPLETING FORM:

- We do NOT provide a rush service. You must submit your paperwork with ample time for us to attempt service.
- You MUST provide a physical address, in Lake County, for service. The Sheriff's Office cannot look, verify or provide an address for you.
- Civil Service hours are between the hours of 6am and 3pm, Tuesday through Friday. If these hours do not meet your service needs or if the individual is evading service, please consider other service options.
- The Sheriff's Civil Division is entitled to fees for service whether or not the service is successful.

*You will receive a copy of the proof of service in the mail. **PLEASE DO NOT PHONE.***

PLEASE TYPE OR PRINT CLEARLY

PARTY TO BE SERVED (Name must be EXACTLY the same as listed on the document which is to be served)

Name of the Defendant / Respondent: _____

Address: _____ City: _____ Zip: _____

Work Address: _____ City: _____ Zip: _____

Best time for service _____ Vehicle description: _____

Name of the Defendant / Respondent: _____

Address: _____ City: _____ Zip: _____

Work Address: _____ City: _____ Zip: _____

Best time for service _____ Vehicle description: _____

SAFETY HAZARDS: Please list any known hazards associated with listed party(s) ie: dogs, weapons, violence, etc).

Please complete reverse side

INFORMATION MARKED IN **RED** MUST BE FILLED OUT. THIS IS WHERE THE "PROOF OF SERVICE" WILL BE MAILED. PHONE NUMBERS ARE IMPORTANT; WE MAY NEED TO CALL YOU FOR MORE INFORMATION REGARDING YOUR SERVICE.

Name of the Plaintiff / Petitioner: _____

Mailing Address: _____ City: _____ Zip: _____

Physical Address: _____ City: _____ Zip: _____

***Phone Number: _____ Additional Phone: _____

PLEASE LIST ALL FORMS BEING SERVED BY NAME (You will find the document name in bold print at the bottom of the document)

SIGNATURE OF PLAINTIFF / ATTORNEY REPRESENTING PLAINTIFF IS REQUIRED.

X _____ Date: _____

Lake County Sheriff's Office – Civil Division

1220 Martin Street Lakeport, California 95453

PO Box 489 Lakeport, California 95453

(707) 262-4080

Fax (707) 262-4085

See us at lakesheriff.com