

**INSTRUCTIONS TO THE SHERIFF COUNTY OF SANTA CRUZ**  
(General Civil Process)

Rec'd by: \_\_\_\_\_

\_\_\_\_\_.vs.\_\_\_\_\_

Plaintiff \_\_\_\_\_ Defendant \_\_\_\_\_

Issuing Court: {  Santa Cruz Superior Court     Watsonville Court     Other Court \_\_\_\_\_

Court Case No: \_\_\_\_\_

You are hereby instructed to serve the attached process as indicated below:

- |  |                               |                           |
|--|-------------------------------|---------------------------|
| 1. ___ Summons and Complaint or Petition | 6. ___ Prejudgment Claim      | 11. ___ Reissue TRO       |
| 2. ___ Plaintiff's Claim & Order         | 7. ___ Civil Subpoena         | 12. ___ Notice of Motion  |
| 3. ___ Declaration & Order for Exam      | 8. ___ Temp Restraining Order | 13. ___ Request for Order |
| 4. ___ Notice to Terminate/Quit          | 9. ___ Order After Hearing    | 14. _____                 |
| 5. ___ Order to Produce                  | 10. ___ Order to Show Cause   |                           |

**Serve documents upon:**

Name: \_\_\_\_\_ Best time to attempt service: \_\_\_\_\_

Home address: \_\_\_\_\_

City & Zip: \_\_\_\_\_ Gate code(if applicable) \_\_\_\_\_

Business name and address: \_\_\_\_\_

Work Hours \_\_\_\_\_

**DESCRIPTION:**

Race	Sex	DOB/Age	Ht	Wt	Hair	Eyes
<b>VEHICLE (If Known):</b> _____						
	Make/Model	Year	Color	Lic#		

**Officer Safety Items:** Are you aware of any of the following officer safety concerns in regards to the **PERSON** being served?

Drugs or Alcohol	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	Specify: <input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Both
Mental Health	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	
Criminal History	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	
Gang Member/Parole/Probation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	Specify: <input type="checkbox"/> Gang member <input type="checkbox"/> Parole/Probation
Weapons	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	Specify: <input type="checkbox"/> Guns <input type="checkbox"/> Knives <input type="checkbox"/> Other
Violent	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	
Military/Security Experience	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	Specify: <input type="checkbox"/> Military <input type="checkbox"/> Security
Dogs	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	Specify: _____
Security Cameras or Alarms	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	Specify: <input type="checkbox"/> Cameras <input type="checkbox"/> Alarms
Other:	_____			

Special Instructions: \_\_\_\_\_

Print name of party requesting service: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City and zip: \_\_\_\_\_ Daytime/cell phone \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

*The Sheriff is entitled to the service fee if service is cancelled and whether or not service was successful. (Gov't Code 26736 and 26738)*

**(Office Use Only)** Hearing Date: \_\_\_\_\_ Last Day to Serve: \_\_\_\_\_