

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

1 COURT CASE #: _____

Plaintiff/Petitioner: _____ Defendant/Respondent: _____

Hearing Date: _____

2 SERVICE REQUEST:

- | | |
|---|---|
| <input type="checkbox"/> Plaintiff's Claim/Defendant's Claim (Small Claims) | <input type="checkbox"/> Bench Warrant |
| <input type="checkbox"/> Order to Appear | <input type="checkbox"/> Summons /Petition |
| <input type="checkbox"/> Subpoena - Civil | <input type="checkbox"/> Summons /Complaint |
| <input type="checkbox"/> Request for Order FL-300 | <input type="checkbox"/> Summons/ Complaint Unlawful Detainer |
| <input type="checkbox"/> Restraining Order | <input type="checkbox"/> Landlord/Tenant Notice |
| <input type="checkbox"/> Other _____ | |

**SHERIFF OF VENTURA COUNTY, YOU ARE INSTRUCTED TO SERVE THE FOLLOWING PERSON(S)
AT THE FOLLOWING ADDRESS(ES):**

(All addresses must be **complete** and contain street number, street name, apartment/unit#, city, zip code and name of business, if appropriate)

3 PARTY TO BE SERVED:

ADDITIONAL PARTY TO BE SERVED: (if applicable)

NAME: _____

NAME: _____

Address: _____

Address: _____

City: _____ ZIP: _____

City: _____ ZIP: _____

Phone No. _____

Phone No. _____

Employer: _____

Employer : _____

Employer's Address: _____

Employer's Address: _____

City: _____ ZIP: _____

City: _____ ZIP: _____

Employer Phone No. _____

Employer Phone No. _____

Description: _____ / _____ / _____ / _____

Description: _____ / _____ / _____ / _____

SEX DOB AGE HT

SEX DOB AGE HT

_____ / _____ / _____ / _____

_____ / _____ / _____ / _____

WT HAIR EYES RACE

WT HAIR EYES RACE

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

Special Instructions: _____

****SEE PAGE 2 OF THIS FORM FOR ADDITIONAL REQUIRED INFORMATION****

Please provide the following information about the person (as best known to you):

4 Do you know of any illegal activity that may be taking place at the address(es)? No Yes

Describe: _____

5 Do you know of any prior police contact at the address(es)? No Yes

Describe: _____

6 Please provide additional information on any issues that may pose a threat to law enforcement:

- Violent or criminal history: UNK NO YES - explain: _____
- Firearms or other weapons: UNK NO YES - explain: _____
- Gang involvement: UNK NO YES - explain: _____
- Illegal drug use: UNK NO YES - explain: _____
- Threats made: UNK NO YES - explain: _____
- Surveillance cameras: UNK NO YES - explain: _____
- Previous suicide attempts: UNK NO YES - explain: _____
- Vicious animals (list): UNK NO YES - explain: _____
- Alarms: UNK NO YES - explain: _____

7 Signature of Requestor: _____ Date: _____

Printed name of Requestor: _____

Address: _____

Street Apt./Suite # City State ZIP

Phone #: _____ Fax #: _____

Civil Office Use Only:

Payment: Cash Personal Check# _____ Business Check # _____ CC FW-003 RECD BY: _____