## SERVICE 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.

VS. Plaintiff/Petitioner	Defe	ndant/Respon	dent	Court C	ase Number	
To the Sheriff, you are instructed Small Claims Restraining Order Summons & Petition Summons&Complaint Summons&Complaint Unlawful	[ [ ] Detainer	Bench Wa Subpoena Request fo Response- Other	or Order FL-300 serve by date	<del></del>	opears on your pape	ers;
write the name of the po	-	horized for se		n's job title. <b>We cann</b>		<u></u>
1 Who do you want us to se	erve?	_	Additional party? Con			
NAME:				PHONE #:		
(Authorized Agent for service:			Job Title:			
What is the address for servi						
Address:						
Street		Apt./Suite #	City	State	ZIP	
Employer's Name & Address:						
Is there a building code or ga	Street		Apt./Suite # Yes, the code is:	City	State	ZIP
<b>Physical Description of perso</b>	n to be	served:				
Date of Birth		Age	Height	Weight	Gender	
Ethnicity/Race?		Hair Col	or	Eve Color		
Unique Characteristics (scars/marks						
			-			
SPECIAL INSTRUCTIONS:						
2 Officer Safety Items: Are you	<b>AWARE</b>	of any of the	following officer safety	concerns about the F	PERSON being serve	ed?
Drugs or Alcohol?	Yes	No	Drugs Alcoho	I		
Mental Health Issues?	Yes	No				
Criminal Activity?	Yes	□No				
Gang member/Parole/Probation?	Yes	□No □	Gang member C	n Parole/Probation		
Weapons?	Yes	□No □	Guns Knives	Other		
Violent?	Yes	□No □	Towards Law Enfo	rcement Others		
Military or Security Experience?	Yes	□No □	Military Security	1		
Dogs?	Yes	□No D	escribe:			
Security Cameras or Alarms?	Yes	No	CamerasAlarms			
The Sheriff is entit All notices, i	led to his f ncluding p	ee, whether o roofs of servic	r not the service is succ e, will be sent to the na	NOT guarantee service. essful, in accordance wi me and address listed b		
3 Name of Person Requesting S	service: _					
MAILING Address:						
Street or PO E	Зох	Apt./Suit	e# City	State	ZIP	
Phone Number			E-mail Address			
*Signature*				*Date*		
	Mail	☐ Counter	- ☐ Fee Wa			

VCSO Service Instructions (REV September 2021)

Received by:

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## **ADDITIONAL PARTIES TO BE SERVED:**

If you are serving a Business or Entity, write the name of the business or entity exactly as it appears on your papers;

Who do you want us to serve? Additional party? Complete additional sheet.							
IAME:		PHONE #:					
What is the address for service	ce? Pro	vide the be	est address(es) for dayti	<b>me</b> service, MONDA	AY-FRIDAY ONLY:		
ddress:							
Street		Apt./Sui	te# City	S	State ZIP		
mployer's Name & Address:							
	Street		Apt./Suite#	City	State	ZII	
Is there a building code or ga	te code?	∐ No	Yes, the code is:				
		corvod.					
hysical Description of persoi	n to be	serveu.					
			Height	Weight	Gende	er	
ate of Birth		Age				er	
ate of Birth hnicity/Race? nique Characteristics (scars/marks/	/tattoos,	Age Hair ( etc.) / Vel	Color	Eye Color			
ate of Birth thnicity/Race? nique Characteristics (scars/marks/ PECIAL INSTRUCTIONS:  Officer Safety Items: Are you	/tattoos,	Age Hair (etc.) / Vel	Color  hicle Description  he following officer safe	Eye Color			
ate of Birth chnicity/Race? nique Characteristics (scars/marks/ PECIAL INSTRUCTIONS:  Officer Safety Items: Are you Drugs or Alcohol?	/tattoos,	Age Hair (	Color	Eye Color			
ate of Birth hnicity/Race? nique Characteristics (scars/marks/ PECIAL INSTRUCTIONS:  Officer Safety Items: Are you Drugs or Alcohol? Mental Health Issues?	/tattoos,	Age Hair (etc.) / Vel	Color  hicle Description  he following officer safe	Eye Color			
chnicity/Race? chnicity/Race? nique Characteristics (scars/marks/ PECIAL INSTRUCTIONS:  Officer Safety Items: Are you Drugs or Alcohol? Mental Health Issues? Criminal Activity?	/tattoos,	Age Hair (etc.) / Vel	he following officer safe	Eye Color	e PERSON beinç		
chnicity/Race?	/tattoos,  AWARE  Yes  Yes  Yes  Yes  Yes	of any of to No	he following officer safe Drugs Alcoho	Eye Colorty concerns about the ol	e PERSON beinç		
chnicity/Race?	/tattoos,  AWARE  Yes  Yes  Yes  Yes  Yes	of any of to No No No No	he following officer safe Drugs Alcoho	ty concerns about the ol On Parole/Probation	e PERSON beino		
ate of Birth chnicity/Race? nique Characteristics (scars/marks/ PECIAL INSTRUCTIONS:  Officer Safety Items: Are you Drugs or Alcohol? Mental Health Issues? Criminal Activity? Gang member/Parole/Probation? Weapons? Violent?	AWARE  Yes Yes Yes Yes Yes Yes Yes	of any of to No No No No No	he following officer safe Drugs Alcoho Gang member Guns Knives Towards Law Enfo	Eye Color	e PERSON beino		
ate of Birth thnicity/Race? nique Characteristics (scars/marks/ PECIAL INSTRUCTIONS:  2  Officer Safety Items: Are you Drugs or Alcohol? Mental Health Issues? Criminal Activity? Gang member/Parole/Probation? Weapons? Violent? Military or Security Experience?	/tattoos,  AWARE  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Ye	of any of to No No No No No No	he following officer safe:  Drugs Alcoho  Gang member Guns Knives Towards Law Enfo	Eye Color	e PERSON beino		
Physical Description of personate of Birth	AWARE  Yes Yes Yes Yes Yes Yes Yes	of any of to No No No No No	he following officer safe Drugs Alcoho Gang member Guns Knives Towards Law Enfo	Eye Colorty concerns about the pl On Parole/ProbationOther OrcementOther	e PERSON beino		

Civil Office Use Only:	□ Mail	☐ Counter	☐ Fee Waiver
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