

(General Civil Process)

**INSTRUCTIONS TO THE SHERIFF OF THE COUNTY OF RIVERSIDE**

The Sheriff must have written, signed, instructions by the attorney, or the party if he/she has no attorney in accordance with CCP 262; 687.010.

<http://riversidesheriff.org>

Court Services • Central  
30755-D Auld Rd., Ste. L067  
Murrieta, CA 92563  
951-304-5050 • FAX 951-304-5066

Court Services • East  
46200 Oasis St., Rm B15  
Indio, CA 92201  
760-863-8255 • FAX 760-863-8919

Court Services • West  
4095 Lemon St., 4<sup>th</sup> Floor  
Riverside, CA 92501  
951-955-2420 • FAX 951-955-6155

\_\_\_\_\_  
Plaintiff VS \_\_\_\_\_  
Defendant  
\_\_\_\_\_  
Court Case Number Levying Officer File Number

***The Sheriff is entitled to his fee whether or not the service has been effected.***

**Please type or print legibly**

**SERVE DOCUMENTS ON DEFENDANT:**

NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY: ZIP CODE: \_\_\_\_\_ Telephone number \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

EMPLOYER'S ADDRESS: \_\_\_\_\_

**DESCRIPTION:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Race Sex Age Ht. Wt. Hair Eyes DOB

**Vehicle(if known):** \_\_\_\_\_  
Make/Model Year/License Number Color:

Defendant may pose threat (explain): \_\_\_\_\_  
\_\_\_\_\_

**TYPE OF DOCUMENTS TO BE SERVED:** \_\_\_\_\_  
\_\_\_\_\_

**HEARING DATE** (if applicable): \_\_\_\_\_

\_\_\_\_\_  
Signature of attorney (or party without an attorney)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name of attorney (or party without an attorney)

\_\_\_\_\_  
Address of attorney (or party without an attorney) Number, Street, City, State, ZIP Code

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Cell Number

\_\_\_\_\_  
E-Mail Address

\_\_\_\_\_  
FAX Number