



SAN FRANCISCO SHERIFF'S DEPARTMENT

CIVIL SECTION

INSTRUCTIONS FOR SERVICE

SHERIFF'S FILE No		
NO FEE	CASH	CHECK
\$		

The Sheriff must have written and signed instructions by the Plaintiff or the Plaintiff's Attorney for court documents in accordance with California Civil Code of Procedure 262.

VS

Plaintiff

Defendant

DOCUMENTS SERVED MONDAY – FRIDAY 9:00 – 5:00

Early Service starts at 7:00 a.m. on Tuesday/Thursday ONLY

Late Service ends at 7:00 p.m. on Mondays/Thursday ONLY

TYPE OF SERVICE REQUESTED

- |   |  |
|---|--|
| <input type="checkbox"/> Claim of Defendant and Order | <input type="checkbox"/> Claim of Plaintiff and Order                |
| <input type="checkbox"/> Order After Hearing          | <input type="checkbox"/> Order of Examination                        |
| <input type="checkbox"/> Order to Show Cause          | <input type="checkbox"/> Request for Order                           |
| <input type="checkbox"/> Subpoena Civil/Criminal      | <input type="checkbox"/> Summons and Complaint/S&C Unlawful detainer |
| <input type="checkbox"/> Summons and Petition         | <input type="checkbox"/> Other: _____                                |

PLEASE PROVIDE TWO (2) COMPLETE SETS OF SERVICE DOCUMENTS

(1) PERSON OR BUSINESS TO BE SERVED:

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

ADDRESS (H or W): \_\_\_\_\_ SAN FRANCISCO, CA 941\_\_ \_\_

Best time for service: \_\_\_\_\_

(2) PERSON OR BUSINESS TO BE SERVED:

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

ADDRESS H or W): \_\_\_\_\_ SAN FRANCISCO, CA 941\_\_ \_\_

Best time for service: \_\_\_\_\_

PLAINTIFF and/or ATTORNEY'S INFORMATION:

Name: _____	Daytime Phone No.: _____
Address: _____	Cell Phone No.: _____
City: _____	
State: _____ Zip Code: _____	Signature: _____

PLEASE NOTE: ONCE YOUR DOCUMENTS ARE PROCESSED OR AFTER AN ATTEMPT HAS BEEN MADE, WHETHER OR NOT THE SERVICE IS SUCCESSFUL, THE SHERIFF IS ENTITLED TO HIS FEE.



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**PLEASE PRINT CLEARLY**

**DESCRIPTION OF PERSON BEING SERVED**

**Answer the following questions about the person you want served.**

**WHERE IS THIS PERSON NOW?**

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**ANY CRIMINAL ACTIVITY? (DESCRIBE)**

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**ANY WEAPONS? (DESCRIBE)**

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**ANY ADDITIONAL INFORMATION TO  
ASSIST IN IDENTIFYING THE DEFENDANT**

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**SEX:**

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**RACE:**

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**AGE/DOB:**

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**HEIGHT:**

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**WEIGHT:**

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**HAIR:**

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**EYES:**

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**SCARS:**

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**TATTOOS:**

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**SAN FRANCISCO SHERIFF DEPARTMENT  
CIVIL SECTION  
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(415) 554-7860 (Fax)**