

(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.

[www.riversidesheriff.org](http://www.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: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Phone#: \_\_\_\_\_

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:** \_\_\_\_\_

**\*DEADLINE FOR SERVICE (Date):** \_\_\_\_\_

*\*Notice: If you do not indicate a date here, we will attempt service with **NO** time constraints & regardless of any hearing date. You are responsible for telling us what the last day for service is here.*

\_\_\_\_\_  
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