

**SHERIFF'S INSTRUCTIONS**  
(Process Service & Writ Enforcement)

Complete and mail to: GREGORY J. AHERN, Sheriff / Marshal  
1225 Fallon Street, Room 104 - Oakland, CA 94612-4381  
(510) 272-6910 FAX (510) 272-6811

Case Title \_\_\_\_\_ vs. \_\_\_\_\_

Plaintiff / Judgment Creditor

Defendant / Judgment Debtor

Court Case No. \_\_\_\_\_ Sheriff's File No. (if known) \_\_\_\_\_

The Sheriff of Alameda County is hereby instructed to serve:

- |   |  |
|---|--|
| <input type="checkbox"/> Claim of Defendant & Order                   | <input type="checkbox"/> Summons & Complaint                               |
| <input type="checkbox"/> Claim of Plaintiff & Order                   | <input type="checkbox"/> Summons & Petition                                |
| <input type="checkbox"/> Order of Examination                         | <input type="checkbox"/> Temporary Restraining Order / Order to Show Cause |
| <input type="checkbox"/> Order to Show Cause                          | <input type="checkbox"/> Temporary Restraining Order for Domestic Violence |
| <input type="checkbox"/> Order to Show Cause & TRO (Civil Harassment) | <input type="checkbox"/> Writ of Attachment                                |
| <input type="checkbox"/> Subpoena (Civil)                             | <input type="checkbox"/> Writ of Execution                                 |
| <input type="checkbox"/> Subpoena (Criminal)                          | <input type="checkbox"/> Writ of Possession (Eviction)                     |
| <input type="checkbox"/> Other: _____                                 |  |

By authority of the accompanying writ of civil process, you are hereby instructed to perform the following:  
*Include: 1) type of service or levy to be performed, 2) name and street address of person(s) or entity to be served, and 3) any special instructions*

continued on reverse side

Office hours / best times for service: \_\_\_\_\_

- Substitute service is authorized pursuant to Section 415.20 C.C.P. (additional copy of process required for mailing)
- Photo is provided (not returnable).  Key is provided (to be returned at eviction).

Name: \_\_\_\_\_

Physical description of person  Male  Female Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
Race: \_\_\_\_\_ Other Characteristics: \_\_\_\_\_

Name: \_\_\_\_\_

Physical description of person  Male  Female Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
Race: \_\_\_\_\_ Other Characteristics: \_\_\_\_\_

- PLEASE FILL OUT COMPLETELY -

Attorney or Plaintiff without Attorney: \_\_\_\_\_

Name: \_\_\_\_\_

Daytime Phone No.: \_\_\_\_\_

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

City: \_\_\_\_\_

Signature: X \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Title: \_\_\_\_\_

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

Date: \_\_\_\_\_