

Service Instructions to the Office of the Sheriff, County of San Benito

451 Fourth Street, Hollister, CA 95023 831-636-4080

Vs. _____
Plaintiff/Creditor Defendant/Debtor

Type of Service-Check Appropriate Box(es):

Tipo de Servicio

- | | |
|--|--|
| <input type="checkbox"/> Summons & Complaint | <input type="checkbox"/> Order to Show Cause |
| <input type="checkbox"/> Summons & Complaint UD | <input type="checkbox"/> Warrant of Attachment |
| <input type="checkbox"/> Summons & Petition | <input type="checkbox"/> Order for Appearance/Exam |
| <input type="checkbox"/> Plaintiff Claim & Order | <input type="checkbox"/> Civil Subpoena |
| <input type="checkbox"/> Temp Restraining Order | <input type="checkbox"/> Writ of Possession/Eviction |
| <input type="checkbox"/> Other Levy _____ | |

Serve Document(s) on:

Sirva documentos a:

Name as appears on court document: _____

Nombre como aparece en el documento

Home Address _____

Direccion

Work Name & Address _____

Direccion de Trabajo

Telephone# _____ **Fax#** _____ **Cell#** _____

Telefono

Description _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____

Identificacion Race/Raza Sex/Sexo Age/Edad Ht./Estatura Wt./Peso Hair/Pelo Eyes/Ojos DOB/FDN

Comments & Cautions _____

Comentarios Y Precauciones

Plaintiff/Attorney

Demandante/Abogado

Name as appears on court document _____

Nombre como aparece en el documento

Home Address _____

Direccion

Telephone # _____ **Fax#** _____ **Cell#** _____

Telefono

Hearing Date (if applicable) _____ **Case#** _____

Fecha de caso (si aplica)

#Caso

The undersigned authorizes the Sheriff of San Benito County to serve the documents in a manner prescribed by law
El abajo firmante autoriza al Alguacil del Condado de San Benito para server los documentos en la manera prescrita por la ley

Signature (required) _____ **Date** _____

Firma

Fecha

Required Fee Enclosed: Payable to: "Sheriff of San Benito County" \$ _____.