



**(General Civil Process / Proceso Civil General)**  
**INSTRUCTIONS TO THE SHERIFF OF THE COUNTY OF NAPA**  
 1535 AIRPORT BLVD. NAPA, CA 94558 (707) 253-4325 • FAX (707) 259-8177  
[www.napasheriff.ca.gov](http://www.napasheriff.ca.gov)

The Sheriff must have original written and signed instructions by the plaintiff representing him/herself or attorney of record (CCP 262). The Sheriff is entitled to the fee for service whether or not the service is successful (Govt. Code 26738). \*\* You will receive proof(s) of service by US Mail \*\*

Plaintiff/Demandante: \_\_\_\_\_ vs. Defendant/Demandado(a): \_\_\_\_\_

Court Case #/Número de caso judicial: \_\_\_\_\_ Hearing Date/Fecha de audiencia: \_\_\_\_/\_\_\_\_/\_\_\_\_

Type of Document for Service/Tipo de documento para el servicio: \_\_\_\_\_

**Please be aware of the following notes and service time restrictions:**

Small Claims Orders typically must be served at least 15 days before the hearing date.

Requests for Order typically must be served at least 16 days before the hearing date.

Restraining Orders typically must be served at least 5 days before the hearing date.

**We do not guarantee service, nor do we guarantee service date/time.**

\*Office hours are 8:00am to 4:30pm Monday through Friday (except for holidays)

\*Service hours are generally 8am to 4pm, Monday through Friday (except holidays)

**\*\*\* We CANNOT look up or provide a service address for you \*\*\* We CANNOT provide legal advice \*\*\***

**Your Information / Su información:** You must be Plaintiff's Attorney / Plaintiff / Respondent

Printed Name / Nombre \_\_\_\_\_

Phone Number / Número de teléfono \_\_\_\_\_

Mailing Address / Domicilio de envío \_\_\_\_\_

City, State, Zip / Ciudad, Estado, Código postal \_\_\_\_\_

**Person to be Served / Informacion del Demandado(a):**

Full Name / Nombre completo o(r) Business Name and Agent for Service / Nombre comercial y agente de servicio \_\_\_\_\_

Home Address / Domicilio \_\_\_\_\_ City, State, Zip / Ciudad, Estado, Código postal \_\_\_\_\_

Home Phone / Número de telefono \_\_\_\_\_ Cell # / Número celular \_\_\_\_\_

Employer's name and complete address / Nombre y Domicilio completa del empleador \_\_\_\_\_

Sex/Sexo \_\_\_\_\_ Race/Raza \_\_\_\_\_ Height/Estatura \_\_\_\_\_ lbs \_\_\_\_\_ Weight/Peso \_\_\_\_\_ Hair/Pelo \_\_\_\_\_ Eyes/Ojos \_\_\_\_\_ DOB/FDN o(r) Age/Edad \_\_\_\_\_

Requested Day/Time for Service / Día / hora solicitado para el servicio\*: \_\_\_\_\_

Could the Defendant pose a threat to Law Enforcement? (Please explain) / ¿Podría el Demandado(a) representar una amenaza para las fuerzas del orden? (Por favor explique): \_\_\_\_\_

**Original Signature Required / Firma requerida**

**Date / Fecha**

<b>For Official Use Only:</b>	Service Fee: \$ _____	Copy Fees: \$ _____
Received by: _____	Cash: \$ _____	Check #: _____ Charge: V/MC/AmEx