



(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
Website: countyofnapa.org/1812/Civil-Process - E-mail: civilprocess@countyofnapa.org

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 3pm, Monday through Friday (except holidays)

*** We CANNOT assist you in obtaining any information *** 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 _____

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

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

Home Phone / Número de telefono _____ Cell # / Número celular _____

Employer's name and complete address (if in Napa County) / Nombre y Domicilio completa del empleador (Si es en el condado de Napa)

Desired 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

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