

# INSTRUCTIONS TO SHERIFF

Court Case No: \_\_\_\_\_

## PARTY TO BE SERVED

(USE SEPARATE FORM FOR EACH INDIVIDUAL OR BUSINESS TO BE SERVED)

Name (and NICKNAMES) of party to be served: \_\_\_\_\_

THE PARTY IS TO BE SERVED AS  An individual,  A Corporation or Limited Partnership,  
 The State, by serving the Attorney General in accordance with ORCP rule 7D (3)(c),  A Public Body

DESCRIPTION Date of Birth or Approximate age: \_\_\_\_\_ Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Scars, Marks or Tattoos: \_\_\_\_\_

Vehicle(s) driven by party (SPECIFY MAKE/ MODEL, COLOR, LICENSE PLATE), if known: \_\_\_\_\_

Phone Numbers for subject being served (H) \_\_\_\_\_ (C) \_\_\_\_\_

Address For Service	Home: _____	Best Day(s)/Times(s) _____
	Work: _____	Best Day(s)/Times(s) _____
	Other: _____	Best Day(s)/Times(s) _____

Is there a Gate and/or No Trespass sign at this location? (CIRCLE ONE) Yes\* / No

\*If YES, any service beyond the gate or No Trespass sign may not be made at this location.

Are you the legal resident or owner of this property? (CIRCLE ONE) Yes\*\* / No

\*\*If YES, Please sign to give consent for the deputy to go beyond the gate/sign for service:

Signature authorizing consent to serve: \_\_\_\_\_

(If other occupants of the property revoke consent, service **may not** be made at the location.)

**RISK ANALYSIS** Please advise us of any of the following that you suspect. This information is only used for officer safety. (WEAPONS, DOGS, PAST VIOLENCE, DRUGS/ALCOHOL, KNOWN MENTAL ILLNESS, or OTHER – PLEASE SPECIFY):  
\_\_\_\_\_  
\_\_\_\_\_

## PARTY REQUESTING SERVICE

I, (PRINT NAME) \_\_\_\_\_, the party requesting service in this case, hereby request the Sheriff of Josephine County to serve the following: **\*\*LIST ALL DOCUMENTS\*\***  
\_\_\_\_\_  
\_\_\_\_\_

**Your** Contact Information: (FOR MCSO USE ONLY, WILL NOT BE SHARED WITH THE OTHER PARTY)

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

Home Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

Main Phone #: \_\_\_\_\_ Alt Phone #: \_\_\_\_\_

## SIGNATURE OF PERSON REQUESTING SERVICE

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

Type of Service (Personal, Substitute, Office etc.) is made according to ORS & ORCP requirements. Information provided will not override any existing rules of civil process.

Please note that failure to complete this information could delay the service or execution of your process, or could result in returning your paperwork if it is unclear to the sheriff precisely who you want served, etc. Personal injury to a deputy sheriff could also result by omitting any information. This information will be used solely for the execution of process and for officer safety purposes. Information provided could be subject to disclosure under ORS Chapter 192. Your assistance is greatly appreciated.

**Deputies – Do not serve this form.  
Please return to CIVIL OFFICE after service is complete.**