



TUOLUMNE COUNTY SHERIFF'S OFFICE

"Serving with Professionalism and Pride"

JAMES W. MELE
SHERIFF-CORONER

General Civil Process

Plaintiff/Creditor vs. _____
Defendant/Debtor Court Case # _____

Type of Service Requested:

- | | |
|----------------------------------------------------------------------------------|---------------------------------------------------------------|
| <input type="checkbox"/> Claim of Plaintiff (Small Claims) | <input type="checkbox"/> TRO (Domestic) |
| <input type="checkbox"/> Defendants Claim | <input type="checkbox"/> TRO (Domestic) with Move Out Order |
| <input type="checkbox"/> Order of Examination | <input type="checkbox"/> TRO (Domestic) Reissuance |
| <input type="checkbox"/> Summons/Petition | <input type="checkbox"/> TRO (Harassment) |
| <input type="checkbox"/> Summons/Complaint | <input type="checkbox"/> TRO (Harassment) with Move Out Order |
| <input type="checkbox"/> Summons/Complaint Unlawful Detainer | <input type="checkbox"/> TRO (Harassment) Reissuance |
| <input type="checkbox"/> Summons/Complaint Unlawful Detainer w/Prejudgment Claim | <input type="checkbox"/> Order After Hearing (Domestic) |
| <input type="checkbox"/> Order to Show Cause (Family Law) | <input type="checkbox"/> Order After Hearing (Harassment) |
| <input type="checkbox"/> Civil Subpoena | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Civil Subpoena Duces Tecum | |

Person to be Served (Defendant)

Name: _____
Individual, Business of Agency (if service is on a business please include an agent for service)- Name must match Court Documents

Address: _____
Physical Address (a complete address including apt # must be provided, spelling of street must be exact)

City Zip Additional Defendants to be served

Person to be served (Defendant) is currently incarcerated at the Tuolumne County Jail ~ 175 W. Yaney.

Employer (if known): _____ Work days/Hours: _____

Address: _____
Physical Address (a complete address must be provided, spelling of street must be exact) City Zip Code

Description (if known): _____
Sex DOB/Age Height Weight Hair Eyes Race

Description of Vehicle: _____ License Number: _____

Comments and Cautions for Deputy (weapons, dogs, etc.) _____

Is the person to be served on Probation/Parole (if yes please include charges) No Yes _____

Additional Person to be Served (Defendant)

Name: _____
Individual, Business of Agency (if service is on a business please include an agent for service)- Name must match Court Documents

Address: _____
Physical Address (a complete address including apt # must be provided, spelling of street must be exact)

City Zip

Person to be served (Defendant) is currently incarcerated at the Tuolumne County Jail ~ 175 W. Yaney.

Employer (if known): _____ Work days/Hours: _____

Address: _____
Physical Address (a complete address must be provided, spelling of street must be exact) City Zip Code

Description (if known): _____
Sex DOB/Age Height Weight Hair Eyes Race

Description of Vehicle: _____ License Number: _____

Comments and Cautions for Deputy (weapons, dogs, etc.) _____

Is the person to be served on Probation/Parole (if yes please include charges) No Yes _____

Plaintiff or Plaintiff's Attorney

Name of Plaintiff or Plaintiff/Attorney Phone Number

Address ~ Where the proof of service will be mailed to City State Zip

Signature (this may only be signed by the Plaintiff or the Plaintiff's Attorney) Date

Additional Comments:

*****The Sheriff's Department DOES NOT guarantee service *****

The Sheriff's Department is entitled to its fees, whether the service is completed or not (CA Gov't Code 26738)
Papers are served in the order they are received, the Sheriff's Department will not guarantee service on a specific
date or time.