EXAMPLE DATA - DO NOT SUBMIT

(General Civil Process) INSTRUCTIONS TO THE SHERIFF OF THE COUNTY OF RIVERSIDE

INSTRUCTIONS TO THE SHERIFF OF THE COUNTY OF RIVERSIDE

The Sheriff must have written, signed, instructions by the attorney, or the party if he/she has no attorney in accordance with CCP 262; 687.010.

http://www.riversidesheriff.org.

☐ Court Services • Central 30755-D Auld Rd., Ste. L067 Murrieta, CA 92563 951-304-5050 • FAX 951-304-5066	☐ Court Services • East 46200 Oasis St., Rm B15 Indio, CA 92201 760-863-8255 • FAX 760-863-	✓ Court Services • West 4095 Lemon St., 4 th Floor Riverside, CA 92501 951-955-2420 • FAX 951-955-6155
John Doe	Mary Doe	e
JXC1022887	VS	Defendant
Court Case Number		Levying Officer File Number
The Sheriff is entitled to h	is fee whether or not the	service has been effected.
Please type or print legibly		
SERVE DOCUMENTS ON DEFEN	NDANT:	
NAME: Mary Doe		
NAME: Many 200		
HOME ADDRESS: 1 Dove	Street	
CITY: ZIP CODE: Riversid	e, CA 92501 Telep	hone number (if available)
EMPLOYER: If applicable		
LIMPLOTER		-
EMPLOYER'S ADDRESS:	· ·	*
		orn / brn / unknown
Race Sex	Age Ht. Wt.	Hair Eyes DOB
Vehicle(if known): Toyota/Coroll		
Make/Model ✓ Defendant may pose threat	Year/License (explain): She's known to be very	
	-	
TYPE OF DOCUMENTS TO BE SI	Summons and Pe	etition
TIPE OF DOCUMENTS TO BE SI	ERVED:	
HEARING DATE (if applicable): 06	5/24/19	
1 1 1		05/00/40
Signature of attorney (or party without	out an attorney)	05/06/19 Date
John Doe	out an attorney)	Date
Print name of attorney (or party with	nout an attorney)	*
2 Kay Street, Riverside, CA. 925	***	
Address of attorney (or party withou	t an attorney) Number, Stre	eet, City, State, ZIP Code
951-222-2222		
Telephone Number	Cell Number	
johndoe@gmail.com E-Mail Address	FAX Number	

RSD Form 800d (Rev. 11/17)