



**SAN BERNARDINO COUNTY SHERIFF'S DEPARTMENT
COURT SERVICES DIVISION
INSTRUCTIONS ON NON-WRIT PROCESS**



John McMahon, Sheriff

_____ Vs. _____ Case No. _____
 Plaintiff/Petitioner Defendant/Respondent

TYPE OF PROCESS:

- | | |
|--|---|
| <input type="checkbox"/> Civil Bench Warrant | <input type="checkbox"/> Subpoena (Civil) |
| <input type="checkbox"/> Claim of Defendant & Order * | <input type="checkbox"/> Subpoena Duces Tecum (Civil) |
| <input type="checkbox"/> Claim of Plaintiff & Order * | <input type="checkbox"/> Subpoena (Criminal) |
| <input type="checkbox"/> Notice to Pay Rent (3 Day Notice) | <input type="checkbox"/> Summons and Complaint * |
| <input type="checkbox"/> Notice to Terminate (30, 60, 90 Day Notice) | <input type="checkbox"/> Summons and Complaint Unlawful Detainer with Prejudgment |
| <input type="checkbox"/> Order of Examination | <input type="checkbox"/> Citations |
| <input type="checkbox"/> Request for Order | |

***SUBSTITUTE SERVICE IS AUTHORIZED PURSUANT TO SECTION 415.20 (ADDITIONAL COPY OF PROCESS REQUIRED FOR MAILING.)**

BY AUTHORITY OF THE ACCOMPANYING CIVIL PROCESS, YOU ARE HEREBY INSTRUCTED TO PERFORM THE FOLLOWING:

Name of Person to be served:

If the defendant is a minor, please complete a separate instruction form for the legal guardian or parent:

ADDRESS _____ CITY _____ STATE _____ ZIP _____

HOME PHONE _____ BUSINESS PHONE NO. OR OTHER CONTACT NO. _____

COMPANY NAME _____ WORK HOURS _____

BUSINESS ADDRESS _____ CITY _____ STATE _____ ZIP _____

BEST TIME/DAYS FOR SERVICE _____

DESCRIPTION OF VEHICLE DEFENDANT DRIVES: MAKE _____ MODEL _____ COLOR _____

LICENSE PLATE NO. _____ YEAR _____

PHYSICAL DESCRIPTION OF PERSON TO BE SERVED: SEX MALE FEMALE RACE _____ AGE _____ HAIR _____

DATE OF BIRTH _____ HEIGHT _____ WEIGHT _____ EYES _____ SCARS/MARKS/TATTOOS _____

ATTORNEY OR PLAINTIFF'S INFORMATION: (NO REFUNDS AFTER PROCESSING)

_____ PRINT NAME _____ MAILING ADDRESS _____

_____ SIGNATURE OF AUTHORIZED AGENT _____ CITY/STATE/ZIP _____

_____ DATE _____ DAYTIME PHONE NUMBER/CELL PHONE NUMBER _____

FOR OFFICE USE ONLY

Received By: _____ Date: _____