



**SAN BERNARDINO COUNTY SHERIFF'S DEPARTMENT
INSTRUCTIONS TO THE SHERIFF
SMALL CLAIMS / MISC.**



NORMAL HOURS FOR SERVICE ARE MONDAY – FRIDAY, 6:30 A.M. TO 3:30 P.M.

Shannon D. Dicus, Sheriff

_____ vs _____
Court Case Number Plaintiff / Petitioner Defendant / Respondent

DAYS REQUIRED TO SERVE BEFORE COURT DATE

Papers	Personal Service	Substitute	Service Code Section
SC-100, Small Claims - Plaintiff Claim	15 days (In County)	25 days (In County)	CCP 116.340
SC-120, Small Claims - Defendant Claims	5 days (In County)	15 days (In County)	CCP 116.360
SC-134, Application & OEX	10 days	not allowed	CCP 116.820, 116.830
AT-138/EJ-125, Application & OEX	10 days	not allowed	CCP 491.110, 708.110, 708.120
Summons & Petition	no time restrictions	no time restrictions	CCP 415.20-415.50
Summons & Complaint	no time restrictions	no time restrictions	CCP 415.20-415.50
Summons & Complaint-UD	no time restrictions	no time restrictions	CCP 415.20-415.50
Notice of Motion/Hearing	16 court days	usually not allowed	CCP 1005
Order to Show Cause/Request for Order	16 court days	usually not allowed	CCP 1005
Order After Hearing	as ordered	usually not allowed	varies
Order of Examination	10 days	usually not allowed	CCP 708.110, 708.120, 491.110
Civil Bench Warrant			
Other:			

** An additional 14 calendar days are required to allow sufficient time for post service processing and court filing **

If you require a notarized proof of service, there is a \$15 fee per proof.

Do you request Notarized Proof of Service? No Yes How many? ____

Complete a separate instruction form for each person, business or public entity you want served.

 Name of the person, business or public entity you want us to serve.

If the defendant is a minor, please complete a separate instruction form for the parent or legal guardian.
 If you are serving a Business or Public Entity, you must write the name exactly as it appears on your court documents.
 If applicable, write the name of the agent for service: _____

We cannot research, look up, verify, or provide personal or service address information.

 Primary Service Address Apt/Space # Access Code City Zip Code

 Alternate Service Address Apt/Space # Access Code City Zip Code

**IF AN ACCESS CODE IS REQUIRED TO SERVE THE REQUESTED DOCUMENTS AND IT IS NOT PROVIDED
 -OR-
 IF THE PROPERTY ADDRESS IS NOT CLEARLY VISIBLE, OUR DEPUTIES WILL NOT BE ABLE TO COMPLETE THE
 SERVICE AND IT WILL BE RETURNED UNSUCCESSFUL**

Physical Description: Male Female Age _____ Date of Birth _____ Race _____

Height _____ Weight _____ Hair _____ Eyes _____

Unique Characteristics (scars, marks, tattoos, etc.) _____

Vehicle _____

Year / Make / Model / Color / License # / Damage / Unique Characteristics

Has the defendant been VIOLENT or made any THREATS towards you? No Yes Explain _____

Does the defendant OWN or POSSESS Weapons? No Yes Describe _____

Do you know of any ILLEGAL ACTIVITY that may be taking place at this address? No Yes Explain _____

Are there DANGEROUS ANIMALS on the property? No Yes Describe _____

Special Instructions

Best days and times for service (M-F 6:30 A.M. to 3:30 P.M.) _____

** We will do our best to meet your request, but we cannot guarantee it.*

Additional Information for a successful service. _____

NOTICE: ALL COMMUNICATION, REFUNDS AND COLLECTIONS WILL BE MADE TO THE NAME AND ADDRESS LISTED BELOW.

NO REFUNDS AFTER PROCESSING

Printed name of the Plaintiff / Attorney of Record (CCP 262) _____

Mailing Address _____ Apt/Space _____ City _____ State _____ Zip Code _____

Daytime telephone number between 8 a.m. & 4:30 p.m. _____ Email Address _____

Signature of Plaintiff / Attorney of Record requesting service (CCP 262) _____ Date: _____

I understand the Sheriff does not guarantee service, and if I do not provide adequate time for service, I will still be charged a fee for service regardless of whether or not attempts were made. I am also aware that any time restrictions on my request decrease the chances of successful service.

Signature Required _____

(We will mail a copy of either the proof of service or a list of attempts to you.)

NOTE: THE SHERIFF IS ENTITLED TO THE FEE FOR SERVICE, WHETHER OR NOT THE SERVICE IS SUCCESSFUL (GOV'T CODE 26738).

FOR OFFICE USE ONLY

Date: _____ Time: _____ Initials: _____ Counter Mail Email Cash Check Waiver Other _____