



# IMPERIAL COUNTY SHERIFF'S OFFICE

## CIVIL DIVISION

328 APPLESTILL RD. EL CENTRO, CA 92243  
PH: (442) 265-2011 FAX: (442) 265-2018



### INSTRUCTIONS FOR SERVICE (Type or Print Legibly)

PROCESS TYPE: \_\_\_\_\_ CASE #: \_\_\_\_\_

TO: SHERIFF, IMPERIAL COUNTY

Vs. \_\_\_\_\_

PERSON TO BE SERVED: \_\_\_\_\_ PHONE #: \_\_\_\_\_

SERVICE ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

OTHER/WORK ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

BEST TIME TO ATTEMPT SERVICE: \_\_\_\_\_

#### PERSON TO BE SERVED – DESCRIPTIVE & PERSONAL INFORMATION

DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_ SEX: \_\_\_\_\_ RACE: \_\_\_\_\_

HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ HAIR COLOR: \_\_\_\_\_ EYE COLOR: \_\_\_\_\_

NICKNAMES / ALIASES: \_\_\_\_\_

IDENTIFYING MARKS, SCARS, TATTOOS, FACIAL HAIR, LENGTH OF HAIR: \_\_\_\_\_

LIST ANY KNOWN PREVIOUS ARRESTS: \_\_\_\_\_ BOOKING #: \_\_\_\_\_

ARE THERE ANY WEAPONS ON THE PREMISES? \_\_\_\_\_ WHERE ARE THEY KEPT? \_\_\_\_\_

IS THE PERSON KNOWN TO CARRY A WEAPON? \_\_\_\_\_ TYPE: \_\_\_\_\_

DESCRIPTION OF VEHICLE DRIVEN BY THE PERSON TO BE SERVED (MAKE, MODEL, COLOR, LICENSE #, ETC.):

#### SPECIAL INSTRUCTIONS / OTHER INFORMATION (ALCOHOLIC, DRUG ADDICT, MARTIAL ARTS EXPERT, ETC.)

**I AUTHORIZE THE SHERIFF TO SERVE THIS PROCESS IN ANY MANNER PRESCRIBED BY LAW.**

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PHONE #: \_\_\_\_\_