

San Mateo County Sheriff's Office Civil Bureau

400 County Center, Redwood City, CA 94063 (650) 363-4497

RECEIVED – For Office Use Only

Date: _____ Time: _____ Initials: _____
 window mail check waiver other _____

General Service of Process Instructions

Provide three complete copies of the papers you want served.

GENERAL INFORMATION

The Sheriff only serves papers Monday - Friday during normal business hours. We will attempt to serve your papers at the address you provide, but we cannot guarantee we will be successful. We do not provide RUSH service. **Generally, anyone over the age of 18 and not a party to the action may serve papers.** If the time for service is short or if your party is evading service, you may wish to consider other options for service. **Your papers will be returned if:** we receive the papers with less than 7 working days left to attempt service - the chart below is a guide; if the information required on the papers is missing or incomplete or, if your letter of instruction is insufficient. If you need to make changes or corrections to papers that were issued by the court, a court clerk must initial those changes. The Sheriff will not act upon papers if the court clerk's initials are missing.

Papers were refused. By: _____ Date: _____ Reason: _____

1. **To the Sheriff of San Mateo County**, you are instructed to serve the papers as indicated below.

DAYS TO SERVE BEFORE COURT DATE

Papers	Personal Service	Substitute Service	Code Section
<input type="checkbox"/> Summons & Petition	no time restrictions	no time restrictions	CCP 415.20-415.50
<input type="checkbox"/> Summons & Complaint	no time restrictions	no time restrictions	CCP 415.20-415.50
<input type="checkbox"/> Summons & Complaint-UD	no time restrictions	no time restrictions	CCP 415.20-415.50
<input type="checkbox"/> Notice of Motion/Hearing	16 court days	usually not allowed	CCP 1005
<input type="checkbox"/> Order to Show Cause (not TRO)	16 courts days	usually not allowed	CCP 1005
<input type="checkbox"/> Order After Hearing	as ordered	usually not allowed	varies
<input type="checkbox"/> Order of Examination	10 days	usually not allowed	CCP 708.110, 708.120, 491.110
<input type="checkbox"/> Other: _____			

List the name of every document you want served, or its form number (for example: Summons SUM-100): _____

2. **IS THERE A COURT DATE?** YES NO **WHAT IS THE COURT DATE? (REQUIRED)** _____

If there are not at least 7 working days left to attempt service, we will not accept your papers. The above chart is only a guide.

3. **Who do you want us to serve?** Person Business Public Entity **(CHECK ONE)**

Write the name of the individual, business or public entity exactly as it appears on your legal papers. If the name does not match your legal papers, the Sheriff will not act upon your instructions. Complete a separate instruction sheet for each party you want served. Provide the best address for daytime service. **We cannot look up, verify or provide a service address for you.**

Name: _____
Individual, Business or Agency Name Person Authorized for Service Job Title

Sex: Male Female Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

Race: _____ Date of Birth: _____ / _____ / _____ Age: _____ Drivers License #: _____
MONTH DAY YEAR

Residence: _____ () _____
ADDRESS & STREET CITY ZIP CODE TELEPHONE #

Business: _____ () _____
ADDRESS & STREET CITY ZIP CODE TELEPHONE #

Vehicle Make: _____ Model: _____ Color: _____ License # _____

4. **Safety Hazards.** List any safety hazards associated with serving this party: _____

5. **Your Information.** We will mail the Original Proof of Service to you at this address for you to file with the court.

Your Name: _____ Phone: _____

Your address: _____

I authorize the Sheriff to serve the attached process in the manner prescribed by law, including substitute service, if applicable.

Signature: _____ Date: _____

NOTE: Papers are processed in the order received. We do not promise to serve on specific dates or times.