OFFICE OF THE SHERIFF

COUNTY OF INYO Stephanie J. Rennie, Sheriff

INSTRUCTIONS TO THE SHERIFF OF INYO COUNTY

The Sheriff requires written instructions from the plaintiff or their attorney before serving court documents. (CCP 252) **WE MUST RECEIVE YOUR DOCUMENTS AT LEAST 10 DAYS PRIOR TO THE LAST DAY FOR SERVICE**

| | | VS | |
|------------------------------------------------------------------------|---------------------------|--------------------------------------------------|------------------------------|
| Plaintiff | | | Defendant |
| Court Case Number | | | Hearing Date (If Applicable) |
| SERVE DOCUMENTS ON: | | | |
| DEFENDANT #1 | | | |
| Name | | | Name of Employer |
| Residence Address | | | Employer's Address |
| City, State, Zip Code | | | City, State, Zip Code |
| Telephone Number | | | Employer's Telephone Number |
| Description of Defendant #1: | ice Sex Age | $\overline{\text{Height}}$ $\overline{\text{W}}$ | Weight Hair Eyes |
| Defendant may pose threat | | ineight , | |
| DEFENDANT #2 | | | |
| Name | | | Employer Name |
| Physical Address | | | Employer's Address |
| City, State, Zip Code | | | City, State, Zip Code |
| Telephone Number Description of Defendant #2: | | | Employer's Telephone Number |
| Ra | ice Sex Age | Height W | Weight Hair Eyes |
| Defendant may pose threat | | | |
| LIST <u>ALL</u> DOCUMENTS TO BE SI | ERVED TO DEFENDA | NT(S): | |
| | | | |
| Substitute service is authorized (CC | CP 116.340; 415.20; Rules | s of Court 17 | 1702) |
| MAKE ALL COMMUNICATIONS | | | |
| | Name | | |
| | Address | | |
| | Daytime Telephor | ne Number | r E-Mail Address |
| X | | | |
| Signature of attorney or plaintiff (If there is no attorney of record) | | | Date |