

SHERIFF-CORONER DON BARNES

OUT-OF-STATE SERVICE INSTRUCTIONS

Court Case Number: _				
TYPE OF PROCESS	:			
☐ Additional Docume	ents – Print on Back			
SERVE DOCUMENT	Γ(S) ON: (Please Print)			
Name		Name		
Address		Addre	ss	
City	Zip Code	City _		Zip Code
Phone Number		Phone	Number	
Name		Name		
			ss	
City	Zip Code	City _		Zip Code
Phone Number		Phone	Phone Number	
LIST ANY SPECIAL	INFORMATION: (Best hours	for service, Auth	orized Agent's name, etc.)	
Dhysical description of	fnorcon: Molo Fomolo	ma DOP	Haight	Weight
	f person: Male Female A Unique Characterist	-	-	
☐ Substitute service	is authorized. (Additional conference is requested. (Addi	opy of process is	s required.)	
The Sheriff's Department	The Sheriff's Deparent is entitled to its fees wheth		Γ guarantee service. mpleted or not. (California	Government Code 26738)
X Signature			Date	
Name of Attorney (Or I	Party Without Attorney) Reque	esting Service		
Address			Email Address	
City	State Zin	Code	Phone Number	