

# ALAMEDA COUNTY SHERIFF'S PROCESS SERVICE AND LEVY ENFORCEMENT INSTRUCTIONS

**Please fill out completely and deliver to:**

Gregory J. Ahern, Sheriff / Marshal  
1225 Fallon Street, Room 104 - Oakland, CA 94612-4216  
(510) 272-6910

**\*\*\*Failure to fill out this form completely could result in a delay in processing this request.\*\*\* CCP§ 687.010**

Case Title \_\_\_\_\_ VS. \_\_\_\_\_  
Plaintiff / Judgment Creditor Defendant / Judgment Debtor

Court Case No. \_\_\_\_\_ Sheriffs File No. (If known) \_\_\_\_\_

By authority of the accompanying writ or civil process, the Sheriff of Alameda County is hereby instructed to attempt service or perform of the following:

- |   |  |
|---|--|
| <input type="checkbox"/> Claim of Defendant & Order                   | <input type="checkbox"/> Summons & Complaint or Summons & Petition                     |
| <input type="checkbox"/> Claim of Plaintiff & Order                   | <input type="checkbox"/> Temporary Restraining Order for Domestic Violence             |
| <input type="checkbox"/> Order of Examination                         | <input type="checkbox"/> Temporary Restraining Order / Order to Show Cause             |
| <input type="checkbox"/> Order to Show Cause Order of Examination     | <input type="checkbox"/> Writ of Attachment  |
| <input type="checkbox"/> Order to Show Cause & TRO (Civil Harassment) | <input type="checkbox"/> Writ of Execution (Money Judgment)                            |
| <input type="checkbox"/> Subpoena                                     | <input type="checkbox"/> Writ of Possession (Eviction) <b>--DO NOT USE THIS FORM--</b> |
| <input type="checkbox"/> Other: _____                                 |  |

\_\_\_\_\_  
Type of Service or Levy to be performed

\_\_\_\_\_  
Service Address during business hours: Name and Street Address of person(s) or entity to be served

**\*\*Gate Code Number\*\***

( )

\_\_\_\_\_  
Contact Phone Number of person(s) or entity to be served

\_\_\_\_\_  
Special Instructions

☐ Continued on reverse side

**Best times for service/Office hours:** \_\_\_\_\_

☐ Substitute service is authorized pursuant to CCP section 415.20 (additional copy of process required for mailing)

☐ Photo is provided (not returnable).

Physical description of person: ☐ Male ☐ Female Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Race: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Other: \_\_\_\_\_

## **SAFETY INFORMATION:**

**Please check all of the following that apply.**

☐ Continued on reverse side

☐ Violent towards Law Enforcement ☐ Prior Law Enforcement activity at this address ☐ None/Not Applicable ☐ Unknown

☐ Illegal activity may be taking place at this address ☐ Assaultive ☐ Guns on Premises ☐ Other

☐ Vicious Animals/Loose dogs in the yard (**circle one**)

☐ Threats to Landlord/Tenants/Police (**circle one**)

☐ Drugs/Alcohol at this address

☐ Mental Health Issues

☐ Probation/Parolee

**If any of the above are checked, please describe:** \_\_\_\_\_

**- PLEASE FILL OUT COMPLETELY -**

**Attorney or Plaintiff without Attorney as named in the top box of the Writ:**

Name: \_\_\_\_\_

Daytime Phone No.: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Signature: X \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Date: \_\_\_\_\_