

# INSTRUCTIONS TO SHERIFF

\*\*\*Please note that failure to complete this information could delay the service or execution of your process, or could result in returning your paperwork if it is unclear to the sheriff precisely who you want served, etc. Personal injury to a deputy sheriff could also result by omitting any information. This information will be used solely for the execution of process and for officer safety purposes. Information provided could be subject to disclosure under ORS Chapter 192. Your assistance is greatly appreciated.

**Court Case No:** \_\_\_\_\_

I, (print your name) \_\_\_\_\_, the party requesting service in this case, hereby request the Sheriff of Lincoln County to serve the following. **\*\*List all documents to be served:**

\_\_\_\_\_  
\_\_\_\_\_

**The name of the party or corporation to be served:** \_\_\_\_\_

**The address of the party or corporation to be served is as follows (specify NE, N, SE, S, etc):**

\_\_\_\_\_  
**Employer of the party to be served:** \_\_\_\_\_

**Identification of person to be served:** Nickname or former name: \_\_\_\_\_

Phone #: \_\_\_\_\_ Date of Birth OR Approximate age: \_\_\_\_\_

Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Scars, marks or tattoos: \_\_\_\_\_

Vehicle(s) driven by party (specify make/ model/ color, license plate if known: \_\_\_\_\_

**\*RISK ANALYSIS** (check all that apply)

To the best of my knowledge and belief, the party to be served displays or possesses the following:

Weapons: (knives, guns, swords, traps). Specify type and location on property or if person carries weapon with them: \_\_\_\_\_

Dogs (breed & location on property) \_\_\_\_\_

Gang/violent Organization Affiliation (specify what type of activity that leads you to believe this): \_\_\_\_\_

Past violence (specify) \_\_\_\_\_

Drugs & alcohol (specify type & frequency of use): \_\_\_\_\_

Mental status impression (or known psychosis): \_\_\_\_\_

**\*Your contact information:** Name: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Home Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Email: \_\_\_\_\_

**Signature of party requesting service:**

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