

INSTRUCTIONS TO SHERIFF

Court Case No: _____

I, (print name) _____, the party requesting service in this case, hereby request the Sheriff of Marion County to serve the following. ****List all documents:**

The name of the person(s) or corporation to be served:

The defendant is to be served as:

- An individual
- A Corporation or Limited Partnership
- The State, by serving the Attorney General in accordance with ORCP rule 7D (3)(c)
- A Public Body

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

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): _____

Other, specify: _____

IDENTIFICATION OF PERSON TO BE SERVED

Name: _____

Nickname or former name(s): _____

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: _____

Other (specify): _____

YOUR CONTACT INFORMATION

Name: _____

Home Address: _____

Mailing Address: _____

Daytime Phone: _____ Message

(work, cell): _____

SIGNATURE OF ATTORNEY OR PARTY

REQUESTING SERVICE

Signature: _____ Date: _____

***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.