

# INSTRUCTIONS TO SHERIFF - FED

\*\*\*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:** \_\_\_\_\_

**\*\*Documents to be served:**

\_\_\_\_\_

## **PARTY TO BE SERVED:**

**Name(s):** \_\_\_\_\_

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

**Is the property address and any unit/space numbers clearly visible?** \_\_\_\_\_

**Are there multiple occupied structures on the property?** \_\_\_\_\_

**Are there any "No Trespassing" signs or any signs indicating we are not authorized access to the property?**    Yes  No

**Please explain any "Yes" response:** \_\_\_\_\_

\_\_\_\_\_

## **\*RISK ANALYSIS DOES THE PARTY TO BE SERVED DISPLAY ANY OF THE FOLLOWING?**

**If yes, please explain**

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: \_\_\_\_\_