

INSTRUCTIONS TO SHERIFF (Please print)

Court Case NO: _____

I, (print name) _____, the party requesting service in this case, hereby request the Sheriff of Umatilla 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
- A Public Body

The ADDRESS of the party to be served is (specify NE, N, SE, S etc): (include hrs available if known)

OTHER INFORMATION on PERSON TO BE SERVED:

Nickname or former name(s): _____

Phone #'s: _____

Date of Birth/ or Approx Age: _____

SEX: _____ Height: _____ Weight: _____

Hair Color (color/length): _____

Scars/Tattoos: _____

Place of **Employment** (include hrs worked /phone #if known): _____

ANY VEHICLE (s) driven by Person to be Served:

(specify color, make/model, license plate if known)

Terry Rowan
Umatilla County Sheriff's Office
4700 NW Pioneer Pl, Pendleton, OR
541-966-3600



RISK ANALYSIS (please 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, Vicious? , Location on property, etc.)

Other - be specific (Past Violence, drug or alcohol use, Gang Affiliation, Mental status, etc)

Do you think this person may avoid service? _____

YOUR CONTACT INFORMATION

Name: _____

Home Address: _____

Mailing Address: _____

Contact Phone Numbers: _____

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. August/2017**