



**DOCUMENT SERVICE INSTRUCTIONS TO THE SUPERIOR COURT OF TRINITY MARSHAL'S OFFICE**

The Marshal must have original, signed instructions by the attorney or party without attorney in accordance with CCP 262 and 687.010

[www.trinity.courts.ca.gov](http://www.trinity.courts.ca.gov)

\_\_\_\_\_  
Plaintiff VS \_\_\_\_\_  
Defendant Case Number \_\_\_\_\_

**To the Marshal, you are instructed to serve the following documents:**

- Civil Bench Warrant
- Claim of Plaintiff/Defendant (Small Claims)
- Order to Appear
- Other: \_\_\_\_\_
- Request for Order/Order to Show Cause
- Subpoena
- Summons and Complaint/Petition

**PARTY TO BE SERVED:** \_\_\_\_\_  
 Agent for Service (if applicable): \_\_\_\_\_  
 Physical Description: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 (if Applicable) SEX DOB AGE HT WT HAIR EYES RACE  
 \_\_\_\_\_ / \_\_\_\_\_  
 Distinguishing Marks, Scars, or Tattoos Driver's License # and State

Address for Service: \_\_\_\_\_

City \_\_\_\_\_ State: CA Zip: \_\_\_\_\_

Gate Code (if applicable): \_\_\_\_\_ Best Time to Attempt Service: \_\_\_\_\_

Name of Employer (if applicable): \_\_\_\_\_

Employer's Address: \_\_\_\_\_ State: CA Zip: \_\_\_\_\_

Work Hours \_\_\_\_\_

**Marshal Safety Items:** Are you aware of any of the following Marshal safety concerns in regards to the **PERSON** being served?

Drugs or Alcohol?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Unknown	Specify: <input type="checkbox"/> Drug <input type="checkbox"/> Alcohol <input type="checkbox"/> Both
Mental Health?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Unknown	
Criminal History?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Unknown	
Gang Member/Parole/Probation?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Unknown	Specify: <input type="checkbox"/> Gang member <input type="checkbox"/> On Parole/Probation
Weapons?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Unknown	Specify: <input type="checkbox"/> Guns <input type="checkbox"/> Knives <input type="checkbox"/> Other
Violent?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Unknown	
Military/Security Experience?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Unknown	Specify: <input type="checkbox"/> Military <input type="checkbox"/> Security
Dogs?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Unknown	Specify:
Security Cameras or Alarms?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Unknown	Specify: <input type="checkbox"/> Cameras <input type="checkbox"/> Alarms
Other:	_____	

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

**\*\*\*NOTICE TO REQUESTOR\*\*\***

**The Marshal's Department DOES NOT guarantee service.**

**The Marshal's department is entitled to its fees whether the service is completed or not. (California Government Code 26738)**

All communications, refunds and collections will be made to the name and address listed below:

Name:			
Address:	City:	State:	Zip Code:
Telephone Number: ( )	Fax Number: ( )		
Email Address:			

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

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