

**SHERIFF'S INSTRUCTIONS
MISCELLANEOUS PROCESS**

ATTORNEY OR PARTY WITHOUT ATTORNEY
NAME: _____
STREET ADDRESS: _____
CITY, STATE AND ZIP: _____
TELEPHONE: _____

COURT
COURT NAME: _____
ADDRESS: _____
PLAINTIFF/PETITIONER: _____
DEFENDANT/RESPONDENT: _____
CASE NO: _____

SHERIFF'S BRANCH OFFICE
BRANCH NAME: _____
ADDRESS: _____
TELEPHONE: _____
LEVYING OFFICER NO: _____



Jim McDonnell, Sheriff

To the Los Angeles County Sheriff, you are instructed to:

Defendant/Respondent/Witness to be served:

NAME AND CAPACITY: _____
BUSINESS NAME (if any): _____
STREET ADDRESS: _____
CITY: _____
ZIP CODE: _____

Comments (physical description, work hours, etc.):

Payments/Refunds:

Make all refunds to the following (if different from the party at the top of this form):
PAYEE NAME: _____
ADDRESS: _____
TELEPHONE: _____

All instructions must be submitted by the above party. All correspondence will be sent to said party.

DATE: _____

BY: _____
(SIGNATURE OF ABOVE PARTY)