MONO COUNTY SHERIFF'S DEPARTMENT
CIVIL DIVISION
INSTRUCTIONS FOR PROCESS

I_____ would like the Sheriff's Department to serve the following
(Please clearly print Your Name)
document(s): *(Name of court document-usually at the bottom)*

_____

_____

_____

On_____ _____who can be found at:
(Name of defendant or who you want served)

_____
(Place of residence, work or where most likely to be found- must be a physical address in Mono County)

_____

_____

The title of the case is:

_____ vs._____
(Plaintiff) *(Defendant)*

The case number is: _____ held at: _____ court
(Court File #) *(Name of court)*
Date of Hearing:_____
(Date when parties are required to be in court)

Signed:_____
*(Signature of Litigant or Attorney -*Required)*
This form must be signed or the Civil Process will be returned for signature

My address / Phone number: *(Requesting party contact information-All communication, Refunds and Collections shall be made to the name/address listed below)*

_____

_____

_____

Additional Comments:

_____

_____

ENCLOSE: ***SHERIFF'S FEE****: See FEE SCHEDULE on website or call if there are questions (PER SERVICE, ON* *EACH* *DEFENDANT)* ***YOU MUST ALSO ENCLOSE A STAMPED SELF-ADDRESSED ENVELOPE:***