

INSTRUCTIONS TO SHERIFF

Court Case No: _____

PARTY TO BE SERVED

Name (and NICKNAMES) of party to be served (USE SEPARATE FORM FOR EACH INDIVIDUAL OR BUSINESS TO BE SERVED):

THE PARTY IS TO BE SERVED AS

An individual, A Corporation or Limited Partnership,
 The State, by serving the Attorney General in accordance with ORCP rule 7D (3)(c), A Public Body

DESCRIPTION Date of Birth or Approximate age: _____ Sex: _____ Height: _____ Weight: _____

Scars, Marks or Tattoos: _____

Vehicle(s) driven by party (SPECIFY MAKE/ MODEL, COLOR, LICENSE PLATE), if known: _____

Address
For
Service



Home: _____ Best Day(s)/Times(s) _____

Work: _____ Best Day(s)/Times(s) _____

Other: _____ Best Day(s)/Times(s) _____

Is there a Gate and/or No Trespass sign at this location? (CIRCLE ONE) Yes* / No
*If YES, any service beyond the gate or No Trespass sign may not be made at this location.
Are you the legal resident or owner of this property? (CIRCLE ONE) Yes** / No
**If YES, Please sign to give consent for the deputy to go beyond the gate/sign for service:
Signature authorizing consent to serve: _____
(If other occupants of the property revoke consent, service **may not** be made at the location.)

RISK ANALYSIS Please advise us of any of the following that you suspect. This information is only used for officer safety. (WEAPONS, DOGS, PAST VIOLENCE, DRUGS/ALCOHOL, KNOWN MENTAL ILLNESS, or OTHER – PLEASE SPECIFY):

PARTY REQUESTING SERVICE

I, (PRINT NAME) _____, the party requesting service in this case, hereby request the Sheriff of Multnomah County to serve the following: ****LIST ALL DOCUMENTS****

Your Contact Information: (FOR MCSO USE ONLY, WILL NOT BE SHARED WITH THE OTHER PARTY)

Name: _____

Home Address: _____ Mailing Address: _____

Main Phone #: _____ Alt Phone #: _____

SIGNATURE OF PERSON REQUESTING SERVICE

Signature: _____ Date: _____

Type of Service (Personal, Substitute, Office etc.) is made according to ORS & ORCP requirements. Information provided will not override any existing rules of civil process.
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.

**Deputies – Do not serve this form.
Please return to CIVIL OFFICE after service is complete.**

STATE OF OREGON)
) ss.
County of Multnomah)

Instruction to Sheriff re:
Execution of Judgment of Restitution

Case No. _____

To the Sheriff of Multnomah County, Oregon:

I am the landlord/plaintiff in this case, or attorney therefore:

This is a forcible entry and wrongful detainer case. A notice of restitution was served in accordance with the provisions of ORS 105.154, upon the tenant/defendant(s) in this case and the four day period described in said notice has now expired.

You are hereby instructed to enforce the accompanying writ of execution of judgment of restitution in the manner prescribed by law. You are authorized to employ whatever lawful means you determine are best to accomplish this action.

I understand that deputies of the Multnomah County Sheriff's Office must gain entry to the premises and that person(s) holding the property may resist removal or have constructed barriers and that there are circumstances which could result in damage being caused to my property. I agree to indemnify and hold Multnomah County, its agents, and officers, harmless from any claims arising as a result of damages to my premises resulting from any forcible entry and removal of the defendant(s) and/or other persons.

The following person(s) are agent(s) for the plaintiff; will be on site during the eviction and understand the agent(s) will be receiving possession of the premises. (Agent must be an individual not a business)

Agent(s):

Dated: _____

Signed: _____
Landlord/Plaintiff or Attorney

Information to plaintiff: You may list multiple agents to insure one of the listed agents is in attendance. This agent may be required to sign a criminal complaint if a trespass arrested is warranted.

One of the listed agents must be present at the eviction.

REQUIRED EVICTION INFORMATION

APARTMENT COMPLEX NAME: _____

All known Occupants names and DOB's (or approximate age if unknown).

Please include ALL occupants, even if they are not on a rental agreement.

NAME: _____ DOB/Age: _____

NAME: _____ DOB/Age: _____

NAME: _____ DOB/Age: _____

NAME: _____ DOB/Age: _____

NAME: _____ DOB/Age: _____

NAME: _____ DOB/Age: _____

NAME: _____ DOB/Age: _____

Reason for Eviction: _____

REQUIRED INFORMATION:

AGENT(s) appointed and ON-SITE during eviction

NAME(s): _____

Direct Contact Phone Number# _____

Cell Number# _____