

INSTRUCTIONS TO SHERIFF

Court Case No.: _____ I, (print name) _____, requests the Sheriff of Clackamas County to serve the following (**DOCUMENT(S) YOU WANT SERVED**): _____

RISK ANALYSIS

To the best of my knowledge and belief, the party to be served displays or possesses the following (*check all that apply*):

Weapons (knives, guns, swords, traps) ____ No ____ Yes

What type of weapon and where on property are they, or do they carry the weapon with them:

Dogs(s) ____ No ____ Yes (**breed/location at address**):

Gang/Violent Organization Affiliation ____ No ____ Yes

Has this person been convicted of a violent crime?

____ No ____ Yes (specify):

What is the mental status impression, or known psychosis, of this person? _____

Do they use Drugs?

____ No ____ Yes (what kind):

Do they abuse alcohol? ____ No ____ Yes

Are there any: "NO TRESPASS" signs? ____ No ____ Yes

Are there Locked Gates? ____ No ____ Yes;

Are there Cameras? ____ No ____ Yes

Is the property armed/barricaded (example: counter-surveillance/booby-trap/extremist/paramilitary/police background/terrorist/fortified) ____ NO ____ YES

PERSON TO BE SERVED

Name: _____

Address: _____

When are they home? _____

Employment Name/Address: _____

What hours do they work? _____

Phone: _____ **Race:** _____

Sex: _____ **Date of Birth:** _____ **Height:** _____

Weight: _____ **Hair Color/Eye Color:** _____

What car do they drive? (make/ model/ color):

****If we are serving more than one person ask for additional forms****

YOUR CONTACT INFORMATION

Your Name: _____

Your Mailing Address (this is where we will send your copy of the proof of service):

Your Phone #: _____

FOR OFFICE USE ONLY

Notes: _____

SIGNATURE OF PARTY REQUESTING SERVICE OR ATTORNEY

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. Updated 9/30/20