INSTRUCTIONS TO SHERIFF

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:	what is the mental status impression, or known psychosis, of this person? Do they use Drugs?
Dogs(s) No Yes (breed/location at address):	No Yes (what kind): Do they abuse alcohol No Yes
Gang/Violent Organization Affiliation No Yes	Are there any: "NO TRESPASS" signs: No Ye
Has this person been convicted of a violent crime?	Are there any locked gates? No Yes
NoYes (specify):	Are there any 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	YOUR CONTACT INFORMATION
Name:	Your Name:
Address:	Your Safe Mailing Address (this is where we will send your copy of the proof of service):
Do you live here? (check one) No Yes	
When are they home?	Your Phone # (use a safe #):
Employment Name/Address:	Your Date of Birth:
What hours do they work?	FOR OFFICE USE ONLY
Phone: Race:	Notes:
Sex: Date of Birth: Height:	
Sex: Date of Birth: Height: Weight: Hair Color/ Eye Color: What car do they drive (make/ model/ color)?	

^{***}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.

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