APS
American Process Services

P.O. Box 726 Imperial, CA. 92251

INFO@AMERICANPROCESSSERVICES.COM

INSTRUCTIONS FOR SERVICE

1 **COURT CASE #:** _____

Plaintiff/Petitioner: _____ Defendant/Respondent:_____

Hearing Date: _____

YOU ARE INSTRUCTED TO SERVE THE LISTED DOCUMENTS TO THE NAMED PARTY:

2 **SERVICE REQUEST:**

- ☐ Plaintiff's Claim/Defendant's Claim (Small Claims)
- ☐ Order to Appear
- ☐ Subpoena - Civil
- ☐ Request for Order FL-300
- ☐ Restraining Order
- ☐ Other _____
- ☐ Summons /Petition
- ☐ Summons /Complaint
- ☐ Summons/ Complaint Unlawful Detainer
- ☐ Landlord/Tenant Notice

IF YOU HAVE AN ADDITIONAL PARTY OR PARTIES TO BE SERVED, YOU MUST COMPLETE SEPARATE INSTUCTION FORMS FOR EACH AND SUBMIT WITH THE COURT PAPERWORK.

3 **PARTY TO BE SERVED:** ☐ **Imperial County**

Name: _____

Home address: _____

Street City State ZIP

Employer's name: _____

Work address: _____

Street City State ZIP

Home phone #: _____ Work phone #:_____ Cell phone #: _____

Is there a building code or gate code? ☐ No ☐ Yes, the code is: _____

Best Time/Place To Serve: _____

Special Instructions: _____

_____

_____

_____

SEE PAGE 2 OF THIS FORM FOR ADDITIONAL REQUIRED INFORMATION

COURT CASE #: _____

4 Please provide the following information (as best known to you):

Date of Birth:		Age:	
Race:		Gender:	
Height:		Weight:	
Hair color:		Eye color:	
Driver's license #:		Social Security #:	

5 Do you know of any illegal activity that may be taking place at the address(es)? ☐ No ☐ Yes

Describe: _____

6 Do you know of any prior police contact at the address(es)? ☐ No ☐ Yes

Describe: _____

7 Please provide additional information on any issues that may pose a threat to law enforcement:

- Firearms: ☐ UNK ☐ NO ☐ YES - explain: _____
- Other weapons: ☐ UNK ☐ NO ☐ YES - explain: _____
- Threats made: ☐ UNK ☐ NO ☐ YES - explain: _____
- Surveillance cameras: ☐ UNK ☐ NO ☐ YES - explain: _____
- Previous suicide attempts: ☐ UNK ☐ NO ☐ YES - explain: _____
- Vicious animals (list): ☐ UNK ☐ NO ☐ YES - explain: _____
- Alarms: ☐ UNK ☐ NO ☐ YES - explain: _____
- Other hazards: ☐ UNK ☐ NO ☐ YES - explain: _____
- Other (please describe): ☐ UNK ☐ NO ☐ YES - explain: _____

8 Please check each box that applies and provide an explanation below:

☐ Elderly: _____
☐ Disabled: _____
☐ Language spoken: _____
☐ Foreclosure: _____
☐ Assaultive: _____
☐ Medical problems: _____
☐ Mental illness: _____
☐ HUD Housing: _____
☐ Children (ages): _____
☐ Animals: _____

9 **REQUESTOR:**

Signature: _____ Today's Date:_____

Name: _____

Mailing Address: _____
Street City State ZIP

Phone Number: _____

Paperwork will be returned, unprocessed, if the writ is incomplete, is missing required information, or is invalid on its face, or if the instructions to the APS are unclear or insufficient. Any changes or corrections made to a writ, after it is issued by the court, must be initialed by the court clerk. APS will not act upon the writ otherwise.