

**INSTRUCTIONS TO SHERIFF**

Court Case No.: \_\_\_\_\_, I, (print name) \_\_\_\_\_,  
request the Sheriff to serve the attached true copy of \_\_\_\_\_

**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 any locked gates?** \_\_\_ No \_\_\_ Yes

**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:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Do you live here? (check one)** \_\_\_ No \_\_\_ Yes

**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)?**  
\_\_\_\_\_

**Your Name:** \_\_\_\_\_

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

**Your Phone # (use a safe #):** \_\_\_\_\_

**Your Date of Birth:** \_\_\_\_\_

**FOR OFFICE USE ONLY**

**Notes:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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.  
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