

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

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 CONTACT INFORMATION

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.