

KERN COUNTY SHERIFF'S OFFICE – CIVIL UNIT DESCRIPTIVE SHEET

The Sheriff must have original instructions signed by the attorney of record or the plaintiff if he/she has no attorney. (CCP 262; 687.010)

PLEASE PRINT CLEARLY EXCEPT FOR SIGNATURE

IN THE CASE OF:

PLAINTIFF: _____ VS DEFENDANT: _____

ISSUING COURT: _____ CASE NUMBER: _____

SERVE WARRANT ON: (A complete first and last name, as well as date of birth or approximate age must be provided and must match the court document. We cannot look up or verify information on your behalf.)

NAME: _____
(Last) (First) (Middle) (Sr., Jr., III, Etc.)

ALIAS OR NICKNAME: _____
(Include maiden name and any other name ever used)

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

RACE: _____ SEX: _____ HEIGHT: _____ WEIGHT: _____ HAIR: _____ EYES: _____

OBSERVABLE ODDITIES: _____
(Physical Deformities, Marks, Scars, Tattoos, Speech Defect, Etc.)

DRIVERS LICENSE/ID NO. _____ STATE: _____ SOCIAL SECURITY: _____

RESIDENCE ADDRESS: _____ CITY: _____ ZIP CODE: _____

EMPLOYER: _____ OCCUPATION: _____

ADDRESS: _____ CITY: _____ ZIP CODE: _____

VEHICLE MAKE: _____ YEAR: _____ TYPE: _____ COLOR: _____ LICENSE# _____

NAMES OF FRIENDS, ASSOCIATES & RELATIVES:

ADDRESS: _____

ADDRESS: _____

ADDRESS: _____

PLACES FREQUENTED: _____

COMMENTS: _____

ANY OFFICER SAFETY CONCERNS (FIREARMS, VIOLENCE, ETC.) _____

MUST HAVE APPROXIMATE AGE _____ YEARS IF NO DATE OF BIRTH IS AVAILABLE

PRINTED NAME (ATTORNEY OF RECORD OR PLAINTIFF IF THERE IS NO ATTORNEY)

ADDRESS (FULL ADDRESS, CITY, STATE, AND ZIP CODE)

DAYTIME TELEPHONE NUMBER

E-MAIL ADDRESS

SIGN HERE (ATTORNEY OF RECORD OR PLAINTIFF IF THERE IS NO ATTORNEY)

DATE