



Civil Bench Warrant

Instructions to the Sheriff of Stanislaus County

NORMAL HOURS FOR SERVICE ARE MONDAY – FRIDAY, 8:00 A.M. TO 4:00 P.M.

Jeff Dirkse, Sheriff-Coroner

The Sheriff must have written, signed instructions by the Plaintiff representing him/herself or the Attorney of Record in accordance with California Civil Procedure Code 262. *El Alguacil debera tener las instrucciones firmadas y en escrito por el Demandante representandose a si mismo(a) u al Abogado registrado de acuerdo al Proceso civil de California codigo 262.*

CIVIL BENCH WARRANTS

FTA Order of Examination – CCP 491.160(a)(1)(A) & 708.107(a)(1)(A) - \$50.00 (Govt. Code 26744)
FTA Order/Subpoena, etc. – CCP 1993, 491.160(a)(1)(B) & 708.107(a)(1)(B) - \$140.00 (Govt. Code 26744.5)
MAKE ALL CHECKS PAYABLE TO THE “SHERIFF’S DEPARTMENT”.

YOU ARE REQUESTED TO COMPLETE AND SIGN THIS FORM AND RETURN IT WITH CORRECT FEES IMMEDIATELY TO THE COURT CLERK’S OFFICE OR SHERIFF’S CIVIL OFFICE AS DIRECTED. THE CIVIL WARRANT WILL BE SENT BY THE COURT TO THE SHERIFF WHO WILL ACTIVATE THE WARRANT ONLY AFTER RECEIPT OF THE WARRANT, THIS FORM AND ALL NECESSARY FEES.

Court Case #

Numero del Caso Judicial

Sheriff’s File # _____

Numero de Archivo del Departamento del Sheriff

VS

(Plaintiff/Petitioner) Demandante/Demandador

(Defendant/Respondent) Acusado/Demandado

TO THE SHERIFF, you are instructed to serve the attached Civil Bench Warrant as follows:

DEFENDANTS INFORMATION

NAME:

AKA:

SERVICE ADDRESS:

Access/Gate Code:

EMPLOYER or OTHER ADDRESS FOR SERVICE:

EMPLOYER NAME:

BUSINESS HOURS:

PHYSICAL DESCRIPTION:

(Descripcion Fisica)

Male <i>Masculino</i>	Female <i>Femenino</i>	Age <i>Edad</i>	Date of Birth <i>Fecha de nacimiento</i>	Race <i>Raza</i>	SSN#
Height <i>Estatura</i>	Weight <i>Peso</i>	Hair <i>Pelo</i>	Eyes <i>Ojos</i>	DL#	

Unique Characteristics (scars, marks, tattoos, etc.)
Caracteristicas particulares (cicatrices, rasgos, tatuajes, etcetera)

Any Officer Safety Information we should be aware of?

SHOULD A FINANCIAL AGREEMENT BE REACHED BETWEEN YOURSELF AND THE DEFENDANT YOU ARE TO CONTACT THE SHERIFF'S CIVIL OFFICE IMMEDIATELY SO THAT THE BENCH WARRANT CAN BE STOPPED. FAILURE TO DO SO MAY RESULT IN A FALSE ARREST AND POSSIBLE LEGAL ACTION AGAINST YOU.

NOTICE: ALL COMMUNICATION, REFUNDS AND COLLECTIONS WILL BE MADE TO THE NAME AND ADDRESS LISTED BELOW. *NOTA: TODA COMUNICACION, REEMBOLSO Y COLECTA SERA(N) ENTREGADO(S) AL PARTIDO CUYO NOMBRE Y DOMICILIO ESTAN ALISTADOS ABAJO.*

(NO REFUNDS AFTER PROCESSING)

DATE:
(Fecha)

MAILING ADDRESS
(Direccion del correo)

City State Zip Code
(Ciudad, Estado y Codigo Postal)

BUSINESS NAME if applicable.

Telephone number where you may be reached (between 8 a.m. & 5 p.m.)
(Numero de telefono donde usted puede ser localizado(a) (Entre las 8 AM y las 5PM))

Printed name of party requesting service
Plaintiff representing him/herself or the Attorney of Record (CCP 262)
(Nombre escrito en molde del partido quien solicita entrega de la notificacion)

ADDRESS/PHONE IS NOT ON ORDER and IS CONFIDENTIAL

Signature of party requesting service
Plaintiff representing him/herself or the Attorney of Record (CCP 262)
(Firma del partido quien solicita entrega de la notificacion)

The defendant may be notified of the Warrant by mail at the address provided with instructions on positing bail, or cited to appear. The defendant will be given a new court date; you will be notified in time to allow for you or your representative to appear at the hearing.

SHOULD YOU HAVE A QUESTION CONTACT THE SHERIFF'S CIVIL OFFICE AT THE FOLLOWING:

801 11th St, Suite 2200
P.O. Box 3288
Modesto, CA. 95353
(209) 491-8762 FAX: (209) 491-8766

NOTE: THE SHERIFF IS ENTITLED TO HIS FEE FOR SERVICE, WHETHER OR NOT THE SERVICE IS SUCCESSFUL. (GOVT CODE 26738) THE LAW ALLOWS THE SERVICE OF PROCESS BETWEEN THE HOURS OF 6:00 A.M. AND 10:00 P.M. *NOTA: EL SHERIFF TIENE EL DERECHO DE COBRAR HONORARIOS POR SU SERVICIO, AUNQUE CUYO SERVICIO NO TUVO BUENOS RESULTADOS. (GOVT CODIGO 26738) LA LEY PERMITE PROCEDIMIENTO DE SERVICIO DURANTE LOS HORAS DE LAS 6:00 AM Y LAS 10:00 PM*

FOR OFFICE USE ONLY

Date: _____ Time: _____ Initials _____ counter mail cash check waiver other _____
