INSTRUCTIONS TO SHERIFF

of Clackamas County to serve the following (DOCUMENT(S) YOU WANT SERVED): RISK ANALYSIS	Court Case No.: I, (print name)), requests the Sheriff
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	of Clackamas County to serve the following (DOCUMENT(S) YOU	WANT SERVED):
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	RISK ANALYSIS	
What type of weapon and where on property are they, or do they carry the weapon with them: Do they use Drugs? Do they abuse alcohol? No Yes (what kind): Do they abuse alcohol? No	To the best of my knowledge and belief, the party to be serve	ed displays or possesses the following (check all that apply):
The type of weapon with where on yoth years 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): Begin to they abuse alcohol? No Yes Are there any: "NO TRESPASS" signs? No Yes Are there any: "NO TRESPASS" signs? No Yes Are there Cameras? No Yes; Are there 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 Your Name: Your Mailing Address (this is where we will send your copy of the proof of service): When are they home? Employment Name/Address: Your Phone #: Your Phone #: FOR OFFICE USE ONLY Notes: What car do they drive? (make/ model/ color): ""If we are serving more than one person ask for additional forms*"	Weapons (knives, guns, swords, traps) No Yes	• •
Doss(s) NoYes (breed/location at address): Do they use Drugs?	What type of weapon and where on property are	psychosis, of this person?
Dogs(s)NoYes (breed/location at address): Gang/Violent Organization AffiliationNoYes Has this person been convicted of a violent crime? Are there any: "No TRESPASS" signs?NoYes Are there Locked Gates?NoYes; Are there Cameras?NoYes; Are there Cameras?NoYes Is the property armed/barricaded (example: counter-surveillance/booby-trap/extremist/paramilitary/police background/terrorist/fortified)NOYES PERSON TO BE SERVED YOUR CONTACT INFORMATION Your Name: Address: Your Mailing Address (this is where we will send your copy of the proof of service): When are they home? Employment Name/Address: Your Phone #: Your Phone #: FOR OFFICE USE ONLY Notes: Weight: Hair Color/Eye Color: What car do they drive? (make/ model/ color): ***If we are serving more than one person ask for additional forms**	they, or do they carry the weapon with them:	
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Name:		,
Address:	PERSON TO BE SERVED	YOUR CONTACT INFORMATION
When are they home? Employment Name/Address: What hours do they work? Phone: Date of Birth: Height: Weight: Hair Color/Eye Color: What car do they drive? (make/ model/ color): **If we are serving more than one person ask for additional forms**	Name:	Your Name:
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Employment Name/Address:	When are they home?	
What hours do they work?	•	
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): **If we are serving more than one person ask for additional forms**		
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): **If we are serving more than one person ask for additional forms**		Tour Filotie #
Sex: Date of Birth: Height: Weight: Hair Color/Eye Color: What car do they drive? (make/ model/ color): **If we are serving more than one person ask for additional forms**	What hours do they work?	FOR OFFICE USE ONLY
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What car do they drive? (make/ model/ color): **If we are serving more than one person ask for additional forms**		
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forms**		
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forms**	**If we are serving more than one person ask for additional	
SIGNATURE OF PARTY REQUESTING SERVICE OR ATTORNEY	•	
	SIGNATURE OF PARTY REQUE	LESTING SERVICE OR ATTORNEY

***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.

Updated 9/30/20

Date:

Signature: