INSTRUCTIONS TO SHERIFF

Please check all safety risks that apply for the person law enforcement will be going to serve your papers at:	SAFETY RISK ANALYSIS FOR RESPONDENT	
OTHER: surveillance/booby-traps / extremist / paramilitary / police background /terrorist/fortified	law enforcement will be going to serve your papers to	going to serve your papers at:
COCAINE / OTHER: AGGRESSIVE Potential Mental Health Concern (what type): AGGRESSIVE Alcohol AbuseGang Affiliation An Individual Abusiness, by serving the registered agent Abusiness, by serving the registered agent Negative encounters with law enforcement Your Name: Defendant's Name: Your Name: Negative are they home? Your Phone # (the sheriff's office may need to call you): Defendant's Work/Business Address:		surveillance/booby-traps / extremist / paramilitary /
Potential Mental Health Concern (what type): An Individual Alcohol AbuseGang Affiliation Negative encounters with law enforcement Defendant's Name: Your Name: Your Mailing Address: Your Mailing Address: Your Phone # (the sheriff's office may need to call you): Defendant's Work/Business Address:		
Alcohol Abuse Gang Affiliation A business, by serving the registered agent Negative encounters with law enforcement Serve BOTH the business and registered agent Defendant's Name: Your Name: Your Name: Your Mailing Address:	Potential Mental Health Concern (<mark>what type</mark>):	An Individual
DEFENDANT INFORMATION YOUR INFORMATION Defendant's Name: Your Name: Defendant's Home Address: Your Mailing Address:		A business, by serving the registered agent
Defendant's Name: Your Name: Defendant's Home Address: Your Mailing Address:		
Defendant's Home Address: Your Mailing Address:	DEFENDANT INFORMATION	YOUR INFORMATION
	Defendant's Name:	Your Name:
Defendant's Work/Business Address:	Defendant's Home Address:	Your Mailing Address:
FOR OFFICE USE ONLY What hours do they work? Defendant's Phone #: DOB (or approx. age): Race: Height & Weight: Hair & Eye Color:	When are they home?	Your Phone # (the sheriff's office may need to call you):
Defendant's Phone #:	Defendant's Work/Business Address:	FOR OFFICE USE ONLY
DOB (or approx. age):	What hours do they work?	
Sex: Height & Weight: Hair & Eye Color:	Defendant's Phone #:	
Hair & Eye Color:	DOB (or approx. age): Race:	
	Sex: Height & Weight:	
What car do they drive?	Hair & Eye Color:	
	What car do they drive?	

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.