**COOS COUNTY SHERIFF'S OFFICE** 

INSTRUCTIONS TO SHERIFF	Drugs & alcohol (specify type & frequency of
Court Case No:	use):
I, (print name), the party requesting service in this case, hereby request the Sheriff of Coos County to serve the following. **List all documents:	☐Mental status impression (or known psychosis):
	Other, specify:
Name of the person(s) or Corporation to be	Identification of Person to be Served:
served:	Nickname or former name(s):
	Phone #
The defendant is to be served as:	Date of Birth or Approximate age:
<ul><li>☐ An individual</li><li>☐ A Corporation or Limited Partnership</li></ul>	Sex: Height: Weight: Scars,
☐ The State, by serving the Attorney General in accordance with ORCP rule 7D (3)(c) ☐ A Public Body	Marks or Tattoos:
	Vehicle(s) driven by party (specify make/ model/
	color, license plate if known:
The address of the party or corporation to be	
served is as follows (specify NE, N, SE, S, etc):	Other Info (specify):
	Your Contact Information:
Risk Analysis (check all that apply) To the best of my knowledge and belief, the party to be served displays or possesses the following:	Name:
	Home Address:
☐Weapons (knives, guns, swords, traps). Specify type and location on property or if person carries weapon with them:	Mailing Address:
	Daytime Phone: Cell
	SIGNATURE OF ATTORNEY OR PARTY
	REQUESTING SERVICE
□Dogs (breed & location on property)	
	Signature:Date:
Gang/violent Organization Affiliation (specify what type of activity that leads you to believe this):	***Please note that failure to complete this information 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 the
Past violence (specify)	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.