



Civil Bench Warrant

Instructions to the Sheriff of San Joaquin County

NORMAL HOURS FOR SERVICE ARE MONDAY – FRIDAY, 8:00 A.M. TO 5:00 P.M.

Patrick Withrow, Sheriff-Coroner

7000 Michael Canlis Blvd., French Camp, CA 95231.

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.

CIVIL BENCH WARRANTS

FTA Order of Examination – CCP 491.160(a)(1)(A) & 708.170(a)(1)(A) - \$50.00 (Govt. Code 26744)
FTA Order/Subpoena, etc. – CCP 1993, 491.160(a)(1)(B) & 708.170(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 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 # _____

Sheriff’s File # _____
(Assigned after service is opened)

VS

Plaintiff/Petitioner

Defendant/Respondent

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:

Male () Female () Age _____ Date of Birth _____ Race _____ SSN# _____

Height _____ Weight _____ Hair _____ Eyes _____ DL# _____

Unique Characteristics (scars, marks, tattoos, etc.) _____

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

(NO REFUNDS AFTER PROCESSING)

DATE: _____

MAILING ADDRESS _____ City _____ State _____ Zip Code _____ BUSINESS NAME if applicable. _____

Telephone number where you may be reached (between 8 a.m. & 5 p.m.) _____ Printed name of party requesting service _____
Plaintiff representing him/herself or the Attorney of Record (CCP 262)

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)

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:

7000 Michael Canlis Blvd.
French Camp, CA 95231
(209) 468-4475 FAX: (209) 468-5516

NOTE: THE SHERIFF IS ENTITLED TO HIS FEE FOR SERVICE, WHETHER OR NOT THE SERVICE IS SUCCESSFUL. (GOVT CODE 26738)

FOR OFFICE USE ONLY

Date: _____ Time: _____ Initials: _____ counter mail cash check # _____ credit/debit waiver