

**SMALL CLAIMS/ORDER OF EXAMINATION**  
**INSTRUCTIONS TO THE SHERIFF OF MARIN COUNTY**  
Civil Division • 1600 Los Gamos Dr., Suite 200 • San Rafael • CA • 94903  
Phone 415.473.7282 • • Fax 415.507.4126  
(Hours: Monday-Friday - 8:00 am-12noon and 1:00pm-4:30pm)

**SERVING SMALL CLAIMS DOCUMENTS** Please provide 2 complete copies of the papers to be served (plus 1 copy for each additional party). Only 2 copies are necessary for Order of Exam. Fee for service is \$40.00 per person. Please make checks payable to MCSO. If you have a fee waiver issued by the Court, you must provide us with a copy.

**GENERAL INFORMATION** MCSO Civil Deputy serves papers on Tuesdays and Thursdays during normal business hours (limited evening and early morning hours). Service will be attempted at the physical address you provide, we cannot serve at a P.O. Box. MCSO cannot guarantee successful service nor can we provide rush service. Please note that anyone over the age of 18 and not a party to the action may serve papers or you may also hire a registered process server. An Order of Exam must be served by either the Sheriff or a Registered Process Server.

**TO THE SHERIFF OF MARIN COUNTY**, you are requested to serve the papers checked below.

SC-100 Small Claims - Plaintiff CCP 116.340

(Marin County - 15 days for personal service - 25 days for substitute service; Out of County – 20 days for personal service – 30 days for substitute service)

SC-120 Small Claims - Defendant CCP 116.30

(Marin County 5 days for personal service - 15 days for substitute service; Out of County – 10 days for personal service - 20 days for substitute service)

SC-134 Application & OEX CCP 116.820, 116.830

(10 days for personal service, substitute service not allowed)

AT-138/EJ-125 Application & OEX CCP 491.110, 708.110, 708.120

(10 days for personal service, substitute service not allowed)

**WHAT IS THE COURT DATE? (REQUIRED)** \_\_\_\_\_

**WHO ARE YOU SERVING?** CHECK ONE  Person  Business  Public Entity

**SERVICE ON A PERSON** you must list the name of the person you are suing exactly as it appears on the papers:

\_\_\_\_\_

**SERVICE ON A BUSINESS OR ENTITY** you must list the name of the Business or Entity exactly as it appears on your papers along with the name & title of the authorized person for service. (Please refer to SC-104C for further information on serving a Business or Entity)

\_\_\_\_\_  
Business or Entity Name

\_\_\_\_\_  
Person Authorized for Service/Job Title

**WHAT IS THE ADDRESS FOR SERVICE?** Provide the best address for daytime service.

Home  Work  Other (Please check one)

\_\_\_\_\_  
\_\_\_\_\_

Phone # \_\_\_\_\_

Alternate Address:  Home  Work  Other

\_\_\_\_\_  
\_\_\_\_\_

Phone # \_\_\_\_\_

**SAFETY HAZARDS** List any safety hazards associated with serving this party:

\_\_\_\_\_

**YOUR INFORMATION** We will mail the Proof of Service to you at this address. (Write your name and address)

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

Phone # \_\_\_\_\_

**I authorize the Sheriff to serve the attached papers by substitute service, when allowable.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE: Papers are served in the order received. We do not promise to serve on specific dates or times. *The Sheriff must have written, signed, instructions by the attorney, or the party if he/she has no attorney in accordance with CCP 262; 687.010.***