

SHERIFF'S OFFICE OF ADAMS COUNTY

Joshua M. Fitting
Sheriff

Kevin E. Miller
Chief Deputy



Plaintiff _____

vs

Defendant _____

Docket Number _____

Docket Date _____

Type of Writ _____

Note: We require the plaintiff or designee to complete a copy of this form for each defendant. One copy of the documentation per defendant to be served is sufficient. We **do not** need separate copies for each address.

TO THE SHERIFF OF ADAMS COUNTY, PENNSYLVANIA, YOU ARE HEREBY

REQUEST SERVICE OF DOCUMENTS UPON THE FOLLOWING:

Name: _____

Mobile: _____

Primary Address: _____

Phone: _____

Alternate Address: _____

Phone: _____

Service will be attempted according to Pa Title 231:

Rule 402. Manner of Service. Acceptance of Service.

(a) Original process may be served

(1) by handing a copy to the defendant; or

(2) by handing a copy

(i) at the residence of the defendant to an adult member of the family with whom he resides; but if no adult member of the family is found, then an adult person in charge of such residence; or

(ii) at the residence of the defendant the clerk or manager of the hotel, inn, apartment house, boarding house or other place of lodging at which he resides; or

(iii) at any office or usual place of business of the defendant to his agent or to the person for the time being in charge thereof.

(b) In lieu of service under this rule, the defendant or his authorized agent may accept service...

Special Instructions/Additional Information:

Attorney/Originator: _____

Address: _____

Phone: _____

Law Firm _____

Sheriff's Office Use Only:

Now, this _____ day of _____ 20 _____

I, Joshua M. Fitting, Sheriff of Adams County Pennsylvania do hereby deputize the Sheriff of _____ County to execute service of the document herewith and make return thereof according to law.

Sign

Joshua M. Fitting Sheriff

Please provide a self-addressed, stamped envelope for return of service

NOTE: ONLY APPLICABLE ON WRIT OF EXECUTION: N.B. WAIVER OF WATCHMAN - Any deputy sheriff levying upon or attaching any property under writ may leave same without a watchman, in custody of whomever is found in possession, after notifying person of levy or attachment, without liability on the part of such deputy or the sheriff to any plaintiff herein for any loss, destruction, or removal of any property before sheriff's sale thereof.

Instructions for completing the Request for Service Form

Note: A separate form will be required for each defendant, even if they reside at the same address.

1. **Plaintiff:** Fill in the block with the name exactly as it appears on the document.
2. **Defendant:** Fill in the block with the name exactly as it appears on the document.
3. **Docket Number:** Type the number exactly as it appears on the document.
4. **Type of Writ or complaint:** Use the drop down box to select the appropriate document category or type in the information, as you would like it to appear.
5. **Service information: Complete each entry to help the deputy fulfill the request.**
 - Name:** Defendant's known name
 - Address:** Primary location of the defendant, include apt., floor, etc.
 - Cell #:** The defendant's cellular telephone number.
 - Home #:** The defendant's home telephone.
 - Alternate Address:** Use this area to relate another location of the defendant, i.e. work, friend, etc.
 - Other #:** Any other contact telephone numbers for the defendant.

Service:

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 - (i) at the residence of the defendant to an adult member of the family with who he resides; but if no adult member of the family is found, then to an adult person in charge of such residence; or
 - (ii) at the residence of the defendant to the clerk or manager of hotel, inn, apartment house, boarding house or other place of lodging at which he resides; or
 - (iii) at any office or usual place of business of the defendant to his agent or to the person for the time being in charge thereof.
- (b) In lieu of service under this rule, the defendant or his authorized agent may accept service...

Special Instructions: Use this block to type any specific service requests, i.e. personal, posted, etc. or any added comments to help the deputy fulfill the request.

6. Attorney/Originator information:

- Name:** Type in the name of the attorney or originator.
- Address:** Insert the address of the attorney or originator.
- Phone #:** Add contact telephone number.
- Law Firm:** Type in the name of the law firm if applicable
- Sign:** The signature of the attorney or originator.

7. Save (optional), print and sign the document.

Any questions should be directed to the
County of Adams Sheriff's Office, 117 Baltimore Street, Room 4, Gettysburg, PA 17325
Phone (717) 337-9828