



# YAKIMA COUNTY SHERIFF'S OFFICE

ROBERT UDELL, Sheriff

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P.O. Box 1388 Yakima, Washington 98907  
Civil Department

Phone: (509) 574-7512  
Email: [sheriffcivil@co.yakima.wa.us](mailto:sheriffcivil@co.yakima.wa.us)

## Yakima County Sheriff's Office: Civil Process

Thank you for choosing the Yakima County Sheriff's Office as a process server. The Sheriff's Office serves court documents under RCW 36.28.010 and requires payment before serving documents under RCW 36.28.040. The Civil Department will process your paperwork. Your paperwork will then be assigned to a deputy for service. You should be aware of the following policies:

- The Sheriff serves your paperwork in the order it is received, unless there is a pending court date scheduled.
- The Sheriff's Office does not guarantee successful service.
- The Sheriff's Office may be unable to perform an attempt of service when paperwork is received with less than a week for service.
- Please provide as much information as you know about the person we are serving.
- The Sheriff's Office will make reasonable attempts to serve your paperwork using the information you provide. The Sheriff may also use information that is found through the process.
- Charges are based off the type of Documents, Mileage and Return of Service. Additional mileage charges may occur if service is not successful on the first attempt. If you want the Sheriff to limit his attempts, please let us know.
- We charge upfront for the minimum cost of service and will bill you if there are additional charges.
- The Sheriff will issue a Return of Service that will come to you by mail. It is your responsibility to file your Return of Service with the court.

If you have any questions, please feel free to call the Civil Department at (509) 574-2500 ext 4 and reference your civil process number \_\_\_\_\_

**Customer Copy**



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



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## PERSON(S) Received From:

Name \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_

Phone \_\_\_\_\_

## PERSON(S) WE'RE SERVING:

Name \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_

Phone \_\_\_\_\_

Work Address \_\_\_\_\_

Work Hours \_\_\_\_\_

Additional Information \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*\*\*\*\* To Be Filled Out By Law Enforcement \*\*\*\*\*

Amount Paid \_\_\_\_\_

Process Number \_\_\_\_\_

Taken By \_\_\_\_\_