

**SHERIFF'S DEPARTMENT ORDER FOR SERVICE**  
SHERIFF OF WASHINGTON COUNTY  
100 WEST BEAU STREET SUITE 303  
WASHINGTON, PA 15301  
(724) 228-6840  
FAX: (724) 223-4719

ALL INFORMATION FROM THE ATTORNEY MUST  
BE FILLED IN BEFORE SERVICE CAN BE MADE.

PLEASE PREPARE A SEPARATE FORM FOR EACH  
DEFENDANT TO BE SERVED.

CASE NO. \_\_\_\_\_

TYPE OF WRIT OR COMPLAINT:  
\_\_\_\_\_

\_\_\_\_\_  
**PLAINTIFF**

VS

\_\_\_\_\_  
**DEFENDANT**

TO THE SHERIFF OF WASHINGTON COUNTY, PA: YOU ARE HEREBY REQUESTED TO MAKE SERVICE UPON  
THE FOLLOWING PARTY BY:

\_\_\_\_\_ CERTIFIED MAIL

SPECIAL INSTRUCTIONS: i.e. levy, seizure

\_\_\_\_\_ PERSONAL /PERSON IN CHARGE

\_\_\_\_\_ DEPUTIZED

\_\_\_\_\_ POST

\_\_\_\_\_ OTHER (USE SPECIAL INSTRUCTIONS)

**PLEASE SERVE THE ABOVE DOCUMENT(S) UPON:**

\_\_\_\_\_  
**DEFENDANT / GARNISHEE NAME**

\_\_\_\_\_  
**(LOCATION MUST HAVE STREET ADDRESS)**

\_\_\_\_\_  
**ATTORNEY / PLAINTIFF NAME & ADDRESS**

\_\_\_\_\_  
TELEPHONE: \_\_\_\_\_

\_\_\_\_\_  
EMAIL: \_\_\_\_\_

\_\_\_\_\_  
**SIGNATURE:** \_\_\_\_\_