

SHERIFF'S OFFICE

MONROE COUNTY, PENNSYLVANIA
COURTHOUSE, STROUDSBURG, PA 18360

SHERIFF SERVICE PROCESS RECEIPT

PLEASE TYPE OR PRINT LEGIBLY, INSURING READABILITY.

MCSO ENV.#

1. PLAINTIFF/S/

2. COURT NUMBER

3. DEFENDANT/S/

4. TYPE OF WRIT OR COMPLAINT

**SERVE
AT**

5. NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVICE OR DESCRIPTION OF PROPERTY TO BE LEVIED, ATTACHED OR SOLD.

6. ADDRESS (Street or RFD, Apartment #, City, Boro, Twp, State and Zip Code)

7. **SERVICE:** PERSONAL PERSON IN CHARGE DEPUTIZE CERT. MAIL REGISTERED MAIL FIRST CLASS MAIL POSTED PUBLICATION

Now, _____, _____, I, SHERIFF OF MONROE COUNTY, PA, do hereby deputize the SHERIFF of _____ County to execute this Writ and make return thereof according to law.

This deputation being made at the request and risk of the plaintiff. _____

SHERIFF OF MONROE COUNTY

8. POSTING REQUIREMENT: **TAX CODE#** _____ **PIN #** _____

9. SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE:

NOTE ONLY APPLICABLE ON WRIT OF EXECUTION: N.B. WAIVER OF WATCHMAN - Any deputy sheriff levying upon or attaching any property under within 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 such property before sheriff's sale thereof.

10. **SIGNATURE of ATTORNEY** or other **ORIGINATOR** requesting service on behalf of:
 PLAINTIFF
 DEFENDANT

11. TELEPHONE NUMBER

12. DATE

SPACE BELOW FOR USE OF SHERIFF ONLY – DO NOT WRITE BELOW THIS LINE

13. I ACKNOWLEDGE RECEIPT OF THE WRIT OR COMPLAINT AS INDICATED ABOVE

Signature of Authorized MCSO Deputy or Clerk and Title

14. Date Received

15. Expiration/Hearing Date

I HEREBY CERTIFY AND RETURN:

TYPE OF SERVICE: PERSONAL POST RECHECK/LOCKOUT COMPLETE LEVY READ ORDER

OTHER/PERSON IN CHARGE NAME: _____ RELATIONSHIP: _____

ADDRESS SERVED, IF DIFFERENT FROM ABOVE: _____

NO SERVICE REASON: _____

DEPUTY: _____ DATE: _____ TIME: _____ MILEAGE: _____