

# ARMSTRONG COUNTY

William J. Rupert  
Sheriff



# SHERIFF'S OFFICE

Terry Bish  
Chief Deputy

Plaintiff \_\_\_\_\_  
Vs  
Defendant \_\_\_\_\_

Docket No. \_\_\_\_\_

Date \_\_\_\_\_

Type of Service Requested \_\_\_\_\_

## TO THE SHERIFF OF ARMSTRONG COUNTY, PENNSYLVANIA, YOU ARE HEREBY

### REQUEST SERVICE OF DOCUMENTS UPON THE FOLLOWING:

Name: \_\_\_\_\_

It is requested that the Sheriff of Armstrong County

Primary Address: \_\_\_\_\_

Pennsylvania hereby deputizes the sheriff of

\_\_\_\_\_

\_\_\_\_\_ County to execute

Alternate Address: \_\_\_\_\_

service of the document(s) herewith and make return  
thereof secondary according to law.

\_\_\_\_\_

Phone: \_\_\_\_\_

### Special Instructions/Additional Information:

Mobile: \_\_\_\_\_

### Attorney/Originator:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Attorney/Representative: \_\_\_\_\_

Address: \_\_\_\_\_

Signature \_\_\_\_\_

\_\_\_\_\_

### 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 of the time being in charge thereof
- (b) In lieu of service under this rule, the defendant or his authorized agent may accept 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, or removal of any property before sheriff's sale thereof.*

## Instructions for completing the Request for Service Form

**Note: We will require a separate form 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. **Date:** This is the date that the document was filed
5. **Type of Service Requested:** Please type in the type of document that you are requesting that our office attempt service upon. (Examples are listed below)
  - a. **Complaint in Civil Action**
  - b. **Custody/Divorce**
  - c. **Writ of Summons**
  - d. **Complaint in Mortgage Foreclosure**
  - e. **Order of Possession**
  - f. **Writ of Execution/  
(i) Levy upon personal property  
(ii) Mortgage Foreclosure**
  - g. **Writ of Possession**
  - i. **Order of Execution**
6. **Service Information: Complete each entry to help the deputy fulfill the request.**
  - a. **Name:** Defendant's known name
  - b. **Primary Address:** Primary location of the defendant, include apt., floor, etc.
  - c. **Secondary Address:** Use this area to disclose another location of the defendant, i.e. work, friend
  - d. **Phone:** Phone number of defendant
  - e. **Mobile:** Use this area to disclose a secondary number of the defendant
7. **Deputized Section:** Use this section if there is instruction to deputize another county to serve documents.
8. **Special Instructions:** Use this block to type any service requests, i.e. personal, posted, etc., or any added comments to help the deputy fulfill the service request.
9. **Attorney/Originator information:**
  - a. **Name:** Name of Law Office or Law Firm
  - b. **Attorney/Representative:** Name of attorney or person responsible for handling the file
  - c. **Address:** Address of the attorney or originator
  - d. **Phone:** Contact telephone number
  - e. **Signature:** Please sign on the line given

**Any questions should be directed to the Armstrong County Sheriff's Office,  
500 Market Street, Suite 106, Kittanning, PA 16201  
(724) 548-3265**