

INSTRUCTIONS TO SHERIFF – TEMPORARY/PERMANENT RESTRAINING ORDER

Please **PRINT** clearly and provide as much information as possible.

Our normal hours of service are 8:00am to 3:00pm, Monday through Friday, and we observe all court holidays.

Person to be served:

Name : _____
Print First and Last

Home Address: _____ Phone: _____
Street City State ZIP

Employer Name: _____ Work hours: _____

Address: _____ Phone: _____
Street City State ZIP

Other Address: _____ Phone: _____
Street City State ZIP

What is the relationship of other address to defendant (parents, friends, school, etc.)? _____

Which address is the best location for service between 8:00 am and 3:00 pm? Home Work Other

Is this a MOVE OUT ORDER? Y / N	Is the defendant violent towards Peace Officers? Y / N
Is this a CHILD PICK UP ORDER? Y / N	Is the defendant in jail? Y / N
Who has PHYSICAL CUSTODY of child (children) now: YOU <input type="checkbox"/> PERSON BEING SERVED <input type="checkbox"/>	Do you know defendant's xref number:
	Is there a firearms surrender order? 24hrs 48 hrs other:

Physical Description of person being served:

Sex: _____ Date of Birth: _____ Age: _____ Height: _____ Weight: _____

Hair Color: _____ Eye Color: _____ Race: _____

Distinguishing Marks, scars or tattoos: _____

Vehicle Description (year, make, model, color, license number, etc.): _____

Date TRO Signed/Endorsed: _____ TRO expires on (Court Date/Time): _____ Dept: _____

Court Case Number: _____

Copies filed with: Police Sacramento Sheriff Other (specify): _____

Will he/she avoid service? Yes No Don't know

Additional Comments (weapons, vicious dogs, prior violence): _____

Information about you (must be plaintiff or attorney of record):

Name: _____ Home Phone: _____
Print First and Last

Address: _____ Work Phone: _____
Street City State ZIP

Other Phone: _____

Your Signature: _____ Today's Date: _____