

INSTRUCTIONS TO SHERIFF – TEMPORARY/PERMANENT RESTRAINING ORDER

Please **PRINT** clearly. All items marked with * must be completed with information or N/A or Unknown.

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: _____
Last name First Name Middle XREF

Primary Address: _____
Street Apt #/Ste.# City State ZIP

Secondary Address: _____
Street Apt #/Ste.# City State ZIP

Employer Address: _____
Street Apt #/Ste.# City State ZIP

Phone (____) ____-____ Work Phone (____) ____-____ Employer: _____ Work Hours: _____
(ex: Starbucks) Days and Hours If Known

*Which address is the best location for service between 8:00 am and 3:00 pm? Primary Secondary Work

*Physical Description of person being served:

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

Race: _____ Hair Color: _____ Eye Color: _____ Glasses: _____

Distinguishing marks, scars, or tattoos: _____

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

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

*MUST BE COMPLETED:

Is this a MOVE OUT ORDER? Y / N	Is there a firearms surrender order? 24 hrs 48 hrs Other:
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***POTENTIAL PROBLEMS** – To help ensure a safe service of process for all parties, mark all known or suspected situations at the property. You **MUST** give an explanation for any checked items in the space provided below:

- | | |
|--|--|
| <input type="checkbox"/> Violent towards Peace Officers | <input type="checkbox"/> Drug activity |
| <input type="checkbox"/> Firearms | <input type="checkbox"/> Alarms or surveillance cameras |
| <input type="checkbox"/> Other weapons | <input type="checkbox"/> Prior law enforcement contact/action |
| <input type="checkbox"/> Assaultive/Threatening behavior | <input type="checkbox"/> On parole or probation (Circle one) |
| <input type="checkbox"/> Gang activity | <input type="checkbox"/> Any medical concerns affecting public safety |
| <input type="checkbox"/> Vicious animals (List number and type) | <input type="checkbox"/> Disabled |
| <input type="checkbox"/> Criminal activity may be taking place (What type?) | <input type="checkbox"/> Children (List ages) |
| <input type="checkbox"/> Suicidal or previous suicide attempts | <input type="checkbox"/> Deaf/Blind (Circle which applies) |
| <input type="checkbox"/> Unusual behavior or actions (Describe the behavior) | <input type="checkbox"/> Other foreseeable risks of harm to deputies or public |
| <input type="checkbox"/> Elderly or infirm with care provider | <input type="checkbox"/> Language if other than English (Is there a translator?) |
| <input type="checkbox"/> Mentally disordered | <input type="checkbox"/> Additional information (Below) |

Additional Comments: _____

⇒ ***PLEASE COMPLETE THE BACK SIDE OF THIS FORM*** ⇒

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

Court Case Number: _____ Hearing Date only

***Waiver of Liability:**

Some legal documents are required by law to be served a certain number of days prior to the court hearing. It is **NOT** the responsibility of the Sheriff's Dept. to provide this information. Some legal documents are also required to have other forms such as responses or informational documents attached. It is **NOT** the responsibility of the Sheriff's Dept. to provide these forms or information. By signing below, you acknowledge and waive the liability of the Sheriff's Dept. if the attached documents for service do not conform to the California Civil Code of Procedure or any other applicable code governing time for service or required additional documents.

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

Name: _____
Print First and Last

Address: _____
Street Apt #/Ste# City State ZIP

Phone #1: _____ **Phone #2:** _____ **E-mail Address:** _____

Your Signature: _____ **Today's Date:** _____

Sacramento County Sheriff's Department, Civil Division, 3341 Power Inn Road, Room 313, Sacramento CA 95826-3889, (916) 875-2665

----- OFFICE USE ONLY BELOW -----

Domestic Violence Required:

- DV-100-Request
- DV-109-Notice
- DV-110 TRO
- DV Packet Attachment
- DV-101 Desc of Abuse
- Attachment (s)
- Exhibit (s)
- Complete Response Packet
- DV-105 Req Cust/Visit
- DV-108 Req No Travel
- DV-140 Order Custody/Visit
- DV-145 Order No Travel
- FL-105 DUUCCJEA
- Parent-Child Relationship
- Other FL-150 I&E
- Order Re
- Request to Cont Hearing
- Order on Req to Continue
- Restraining Order After Hrg
- Request to Renew
- Order on Request to Renew
- _____
- _____
- _____

Civil Harassment Required:

- CH-100-Request
- CH-109-Notice
- CH-110 TRO
- Attachment (s)
- Exhibit (s)
- Complete Response Packet
- Order Re
- Restraining Order After Hrg
- Request to Renew
- Order on Request to Renew
- _____
- _____
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- _____
- _____

(DV Continued Below)

Elder Abuse Required:

- EA-100-Request
- EA-109-Notice
- EA-110 TRO
- Attachment to Req
- Attachment (s)
- Exhibit (s)
- Complete Response Packet
- Restraining Order After Hrg
- Request to Renew
- Order on Request to Renew
- _____
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- _____

Workplace Violence Required:

- WV-100-Request
- WV-109-Notice
- WV-110 TRO
- Attachment (s)
- Exhibit (s)
- Complete Response Packet
- Restraining Order After Hrg
- Request to Renew
- Order on Request to Renew
- _____
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