

# 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    CDL/ID#: \_\_\_\_\_

**\*MUST BE COMPLETED:**

Is this a <b>MOVE OUT ORDER?</b> <b>Y / N</b>	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:

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Violent towards Peace Officers</li> <li><input type="checkbox"/> Firearms</li> <li><input type="checkbox"/> Other weapons</li> <li><input type="checkbox"/> Assaultive/Threatening behavior</li> <li><input type="checkbox"/> Gang activity</li> <li><input type="checkbox"/> Vicious animals (List number and type)</li> <li><input type="checkbox"/> Criminal activity may be taking place (What type?)</li> <li><input type="checkbox"/> Suicidal or previous suicide attempts</li> <li><input type="checkbox"/> Unusual behavior or actions (Describe the behavior)</li> <li><input type="checkbox"/> Elderly or infirm with care provider</li> <li><input type="checkbox"/> Mentally disordered</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Drug activity</li> <li><input type="checkbox"/> Alarms or surveillance cameras</li> <li><input type="checkbox"/> Prior law enforcement contact/action</li> <li><input type="checkbox"/> On parole or probation (Circle one)</li> <li><input type="checkbox"/> Any medical concerns affecting public safety</li> <li><input type="checkbox"/> Disabled</li> <li><input type="checkbox"/> Children (List ages)</li> <li><input type="checkbox"/> Deaf/Blind (Circle which applies)</li> <li><input type="checkbox"/> Other foreseeable risks of harm to deputies or public</li> <li><input type="checkbox"/> Language if other than English (Is there a translator?)</li> <li><input type="checkbox"/> Additional information (Below)</li> </ul> |
|---|--|

**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

**XREF** \_\_\_\_\_ **CDL/ID:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Phone #1:** \_\_\_\_\_ **Phone #2:** \_\_\_\_\_ **E-mail Address:** \_\_\_\_\_

**Your Signature:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_

COUNTY OF SACRAMENTO SHERIFF'S OFFICE—CIVIL BUREAU—2969 Prospect Park Drive Suite 200, Rancho Cordova, CA 95670, (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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