



Contra Costa County Office of the Sheriff  
Letter of Instructions-Restraining Order

Civil Unit 920 Mellus St  
Martinez CA 94553

*Please print clearly and provide as much information as possible.  
Failure to print clearly could result in delays in service.*

**COURT INFORMATION**

Court Case Number: \_\_\_\_\_  
List Forms to be Served: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PERSON TO BE SERVED**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone Number: Cell: \_\_\_\_\_ Home: \_\_\_\_\_  
DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Male/Female \_\_\_\_\_  
Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Race: \_\_\_\_\_  
Vehicle Description: Color: \_\_\_\_\_ Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_  
License Plate: \_\_\_\_\_  
Best Time to Contact: \_\_\_\_\_

**OTHER ADDRESS WHERE PERSON CAN BE SERVED**

Name of Address: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Best time to Contact: \_\_\_\_\_

*The Sheriff only serves papers Monday - Friday during normal business hours*



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OFFICER SAFETY INFORMATION

Is this a Move Out Order?: Y/N	Does the respondent own guns? Y/N
Is this a Child Turnover Order? Y/N	Will the respondent become violent with deputies? Y/N
Is the respondent in jail in Contra Costa County? Y/N	

If you are unsure or do not know please leave blank.

PERSON REQUESTING SERVICE

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

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

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

Email address: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

***Your phone number and email will be used by our office to contact you if we have additional questions, or require further clarification. None of the information provided on this form will be given to the person being served.***