

INSTRUCTIONS TO THE SHERIFF OF THE COUNTY OF KERN TEMPORARY RESTRAINING ORDER OR ORDER AFTER HEARING

Type of Order: Domestic Violence Civil Harassment Elder Abuse Workplace Violence

We need **two complete copies** of all documents you want served. These instructions must be signed by the attorney of record or by the protected person if there is no attorney (CCP 262)
(PLEASE PRINT EXCEPT FOR SIGNATURE)

_____ vs. _____ Court Case No.: _____
(Protected Person) (Restrained Person)

Court Date: _____

Person to be served: *A complete first and last name must be provided and must match the court documents. We cannot look up or verify names or addresses.*

Name: _____

Home Address: _____ Phone: _____

City, State, Zip Code: _____

Employer: _____ Work hours: _____

Address: _____ Phone: _____

City, State, Zip Code: _____

Other Address: _____

City, State, Zip Code: _____

Other address type: *Relative / Friend / School / Other (explain)* _____

Which address is the best location for service between 9 a.m. – 4 p.m.? Home Employer Other Address

<p>*DOMESTIC VIOLENCE ONLY</p> <p>*Is there a MOVE OUT ORDER? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>*Is there a CHILD PICK UP ORDER? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>*Who has PHYSICAL CUSTODY of child(ren) now? <input type="checkbox"/> YOU <input type="checkbox"/> PERSON BEING SERVED</p>	<p>Is the defendant violent toward Peace Officers? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Is the defendant in jail? <input type="checkbox"/> YES Booking #: _____ <input type="checkbox"/> NO</p> <p>Is there a firearms surrender order? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>
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Physical description of person being served:

(Race) (Sex) (Age) (Height) (Weight) (Hair) (Eyes) (Date of Birth)

Please list all documents to be served (name or form number): _____

Additional comments (description of vehicle, weapons, vicious dogs, prior violence, will avoid service, etc.): _____

YOUR INFORMATION *(All communications will be sent to the name and address listed below):*

Name: _____

Address: _____

City, State, Zip Code: _____

Daytime Phone No.: _____ Email Address: _____@_____

Sign Here (attorney of record or protected person if no attorney)

Date