

# SHERIFF'S INSTRUCTIONS FOR SERVICE OF RESTRAINING ORDERS



Court Info

TO: YUBA COUNTY SHERIFF

DATE: \_\_\_\_\_ HEARING DATE: \_\_\_\_\_

CASE: \_\_\_\_\_ NAME OF COURT: \_\_\_\_\_

**\*\*PARTY(S) TO BE SERVED - COMPLETE NAME AND ADDRESS\*\***

Person to Be Served

NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

WORK ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

**LIST ANY SPECIAL INFORMATION KNOWN**

DOB: \_\_\_\_\_ AGE \_\_\_\_\_ SEX \_\_\_\_\_ RACE \_\_\_\_\_ HT \_\_\_\_\_ WT \_\_\_\_\_

HAIR COLOR \_\_\_\_\_ EYE COLOR \_\_\_\_\_ FACIAL HAIR \_\_\_\_\_

GLASSES Y OR N IDENTIFYING MARKS, SCARS, TATTOOS, BODY PIERCING, ETC

\_\_\_\_\_

\_\_\_\_\_

**\*\*\*\*\*OFFICER SAFETY INFORMATION\*\*\*\*\***

VEHICLE: MAKE \_\_\_\_\_ MODEL \_\_\_\_\_ YEAR \_\_\_\_\_ COLOR \_\_\_\_\_

DOG(S)? Y OR N BREED: \_\_\_\_\_ CHAINED? Y OR N FENCED? Y OR N

WEAPONS ON PREMISES? Y OR N PERSON KNOWN TO CARRY WEAPONS? Y OR N

IF YES, WHAT TYPE OF WEAPONS? \_\_\_\_\_

WHERE ARE THE WEAPONS LOCATED? \_\_\_\_\_

ON PAROLE OR PROBATION? Y OR N HISTORY OF VIOLENCE TO POLICE? Y OR N

**\*\*\*DOCUMENTS\*\*\***

Documents

NAME OF DOCUMENTS TO BE SERVED: (Write the name of the documents that is printed in bold writing on the bottom of the forms.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**BEST TIME TO SERVE** \_\_\_\_\_

Your Info

**PRINT YOUR NAME AND MAILING ADDRESS WITH ZIP CODE:** \_\_\_\_\_

\_\_\_\_\_

**PHONE NUMBER:** (Cell) \_\_\_\_\_ (Home) \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

AMOUNT \$ \_\_\_\_\_ CASH OR CHECK: # \_\_\_\_\_ WAIVED \_\_\_\_\_