

SERVICE INSTRUCTIONS TO SHERIFF (Restraining Orders)

To: Tom Bosenko, Sheriff

Sheriff's Case # _____ Hearing Date: _____ Advance Fees: \$ _____ Fee Wv
 Court Case # _____ Transaction # _____ Cash Check # _____

DOCUMENTS BEING SERVED

What type of Restraining Order are you requesting be served? (check one)

Domestic Violence _____ Civil Harassment _____ Elder Abuse _____

- | | |
|---|--|
| <input type="checkbox"/> Child Custody and Visitation Order | <input type="checkbox"/> Request for Child Custody and Visitation Orders |
| <input type="checkbox"/> Description of Abuse | <input type="checkbox"/> Request for Order |
| <input type="checkbox"/> How To Respond Info | <input type="checkbox"/> Request for Order: No Travel with Children |
| <input type="checkbox"/> Notice of Court Hearing <input type="checkbox"/> Application & Order Reissue | <input type="checkbox"/> Response to Request <input type="checkbox"/> <i>Blank</i> <input type="checkbox"/> <i>Completed</i> |
| <input type="checkbox"/> Order After Hearing | <input type="checkbox"/> Response to Petition for WVRO <input type="checkbox"/> <i>Blank</i> <input type="checkbox"/> <i>Completed</i> |
| <input type="checkbox"/> Order No Travel with Children | <input type="checkbox"/> Supervised Visitation and Exchange Order |
| <input type="checkbox"/> Petition for Workplace Violence Restraining Order | <input type="checkbox"/> Temporary Restraining Order (TRO) |
| <input type="checkbox"/> Proof of Firearms Turned In (blank) | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Proof of Service (blank) <input type="checkbox"/> <i>Personal</i> <input type="checkbox"/> <i>Mail</i> | <input type="checkbox"/> Other: |

Please Serve the Following Party:

Name:	Address:	City	Zip	Phone
Bus/Employer:	Address:	City	Zip	Phone
Work days:	Hrs:			

Sex:	DOB	Age	Ht	Wt	Hair	Eyes	Race	**Social Security No.	Driver's License #

Vehicle Description:

Scars / Marks / Facial Hair:

Tattoos:

Possibility of Violence? Y / N Weapons? Y / N Make: Location: Aggressive Dogs? Y / N

COMMENTS / SPECIAL INSTRUCTIONS:

_____ I request service of the above checked documents and am aware that not all documents listed in item 5 of the notice of hearing are included even though it is indicated they must be served.
Initial

Service Requested by: Plaintiff if in Pro Per or Attorney of Record (Per CCP 262 & 687.010)

NAME: (Please print) _____ SIGNATURE: _____

MAILING ADDRESS: _____ CITY: _____ ZIP: _____ PHONE: _____

**The Social Security Number you provided will be used by this agency for internal use only and will not be released except as necessary to assist law enforcement in a criminal investigation, or for officer safety.