



ORANGE COUNTY SHERIFF'S DEPARTMENT

SHERIFF-CORONER DON BARNES

SERVICE INSTRUCTIONS FOR TEMPORARY RESTRAINING ORDER

Court Case Number _____

To better assist our deputies in serving these documents, please provide as much information as possible.

SERVE DOCUMENT(S) ON: (Please Print)

Name _____

Address _____

City _____ Zip Code _____ Phone Number _____

Best time to attempt service: _____

PERSONAL INFORMATION

Physical description of person: [] Male [] Female Age _____ DOB _____ Height _____ Weight _____

Race _____ Unique Characteristics _____

Nicknames/Aliases _____

List any known previous arrests: _____

Are there any weapons on the premises? _____

Where are they kept? _____

Is the person known to carry a weapon? If so, what type? _____

Description of vehicle driven by person to be served (model, color, license #, etc.): _____

Other information (ex. alcoholic, drug addict, martial arts expert, etc.): _____

The Sheriff's Department DOES NOT guarantee service.

The Sheriff's Department is entitled to its fees whether the service is completed or not. (California Government Code 26738)

X Signature _____ Date _____

Name of Attorney (Or Party Without Attorney) Requesting Service _____

Address _____ Email Address _____

City _____ State _____ Zip Code _____ Phone Number _____