



Temporary/Permanent Restraining Order

Instructions to the Sheriff of San Joaquin County

NORMAL HOURS FOR SERVICE ARE MONDAY – FRIDAY, 8:00 A.M. TO 5:00 P.M.

Patrick Withrow, Sheriff-Coroner

The Sheriff must have written, signed instructions by the Plaintiff representing him/herself or the Attorney of Record in accordance with California Civil Procedure Code 262.

Court Case # _____

Sheriff's File # _____

(Assigned after service is opened)

VS

Plaintiff/Petitioner

Defendant/Respondent

WHAT TYPE OF RESTRAINING ORDER DO YOU HAVE?

Domestic Violence Civil Harassment Elder Abuse Workplace Violence Gun Violence

Other: _____

Move Out Order YES NO

Is Defendant in San Joaquin County Jail? YES NO REQUIRED ID/Booking# _____

*****If the defendant is a minor, please complete a separate instruction form for the legal guardian or parent*****

WHO ARE WE SERVING: _____ Phone Number: _____
(Name of individual to serve)

Home Address: _____
City State Zip Code

Work Address: _____
City State Zip Code

Employer Name: _____

Best Time for Service: _____ Gate / Access Code _____

IF AN ACCESS CODE IS REQUIRED TO SERVE THE REQUESTED DOCUMENTS AND IT IS NOT PROVIDED
-OR-
IF THE PROPERTY ADDRESS IS NOT CLEARLY VISIBLE ON THE BUILDING OR THE CURB
OUR DEPUTIES WILL NOT BE ABLE TO COMPLETE THE SERVICE AND IT WILL BE RETURNED UNSUCCESSFUL

Physical Description: Male () Female () Age _____ Date of Birth _____ Race _____

Height _____ Weight _____ Hair _____ Eyes _____

Unique Characteristics (scars, marks, tattoos, etc.) _____

Officer Safety Information: All questions MUST be answered as they pertain to the person being served.

Drugs or Alcohol?	<input type="checkbox"/> Drugs (specify): _____ <input type="checkbox"/> Alcohol <input type="checkbox"/> Unknown	
Mental Health?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Unknown	
Criminal History?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Unknown	
Gang Member/Parole/Probation?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Unknown	Specify: <input type="checkbox"/> Gang member <input type="checkbox"/> On Parole/Probation
Known to Carry Weapons?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Unknown	Specify: <input type="checkbox"/> Guns <input type="checkbox"/> Knives <input type="checkbox"/> Other

Weapons on Premises?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Unknown	Specify: <input type="checkbox"/> Guns <input type="checkbox"/> Knives <input type="checkbox"/> Other
Threats toward Law Enforcement?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Unknown	Specify:
Violent?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Unknown	Specify: <input type="checkbox"/> Physically <input type="checkbox"/> Verbally <input type="checkbox"/> Both
Military/Security Experience?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Unknown	Specify: <input type="checkbox"/> Military <input type="checkbox"/> Security
Dogs?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Unknown	Specify:
Security Cameras or Alarms?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Unknown	Specify: <input type="checkbox"/> Cameras <input type="checkbox"/> Alarms
What Language Does Defendant Speak?	<input type="checkbox"/> English <input type="checkbox"/> Other (specify):	<input type="checkbox"/> Don't Know
Other information that may be helpful to assist peace officers: _____		

(ALL COMMUNICATION, REFUNDS AND COLLECTIONS WILL BE MADE TO THE NAME AND ADDRESS LISTED BELOW)

DATE: _____

NAME OF PERSON REQUESTING SERVICE _____ PHONE NUMBER _____

MAILING ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

ADDRESS/PHONE IS NOT ON ORDER and IS CONFIDENTIAL

Signature of Person Requesting Service
 Plaintiff representing him/herself or the Attorney of Record (CCP 262)

***I understand the Sheriff does not guarantee service. I am also aware that any time restrictions I place on my request decreases the chances for successful service. X**

NOTE: THE SHERIFF IS ENTITLED TO HIS FEE FOR SERVICE, WHETHER OR NOT THE SERVICE IS SUCCESSFUL. (GOVT CODE 26738)

FOR OFFICE USE ONLY

Date: _____ Time: _____ Initials: _____ counter mail cash check # _____ credit/debit waiver

ATIMS Name Search: Negative Attached

Completed By:

Initials of Clerk: _____ Date: _____