

INSTRUCTIONS TO THE SHERIFF OF THE COUNTY OF KERN

TEMPORARY RESTRAINING ORDER

REISSUE / RENEW / ORDER AFTER HEARING

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)

Case Title: _____ vs. _____
 (Protected Person) (Restrained Person)

Court Case No: _____ Court Date: _____

Type of Order:	<input type="checkbox"/> Civil Harassment	<input type="checkbox"/> Elder Abuse	<input type="checkbox"/> Workplace Violence
Please check all documents you want served. You must include all court required documents (in bold) or we cannot attempt service.	<i>Required</i>	<i>Required</i>	<i>Required</i>
	Reissue:	Reissue:	Reissue
	<input type="checkbox"/> CH-116	<input type="checkbox"/> EA-116	<input type="checkbox"/> WV-116
	<input type="checkbox"/> CH-100	<input type="checkbox"/> EA-100	<input type="checkbox"/> WV-100
	<input type="checkbox"/> CH-115	<input type="checkbox"/> EA-115	<input type="checkbox"/> WV-115
<input type="checkbox"/> CH-109	<input type="checkbox"/> EA-109	<input type="checkbox"/> WV-109	
<input type="checkbox"/> CH-110 (if granted)	<input type="checkbox"/> EA-110 (if granted)	<input type="checkbox"/> WV-110 (if granted)	
<input type="checkbox"/> CH-120 (blank)	<input type="checkbox"/> EA-120 (blank)	<input type="checkbox"/> WV-120 (blank)	
<input type="checkbox"/> CH-120 (info)	<input type="checkbox"/> EA-120 (info)	<input type="checkbox"/> WV-120 (info)	
<input type="checkbox"/> CH-250 (blank)	<input type="checkbox"/> EA-250 (blank)	<input type="checkbox"/> WV-250 (blank)	
Renew:	Renew:	Renew:	
<input type="checkbox"/> CH-700	<input type="checkbox"/> EA-700	<input type="checkbox"/> WV-700	
<input type="checkbox"/> CH-710	<input type="checkbox"/> EA-710	<input type="checkbox"/> WV-710	
<input type="checkbox"/> CH-720 (blank)	<input type="checkbox"/> EA-720 (blank)	<input type="checkbox"/> WV-720 (blank)	
Order After Hearing:	Order After Hearing:	Order After Hearing	
<input type="checkbox"/> CH-130 or CH-730	<input type="checkbox"/> EA-130 or EA-730	<input type="checkbox"/> WV-130 or WV-730	
Other documents listed in the notice/order as follows (specify):	Other documents listed in the notice/order as follows (specify):	Other documents listed in the notice/order as follows (specify):	
<input type="checkbox"/> CH-_____ <input type="checkbox"/> CH-_____	<input type="checkbox"/> EA-_____ <input type="checkbox"/> EA-_____	<input type="checkbox"/> WV-_____ <input type="checkbox"/> WV-_____	
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	

PERSON TO BE SERVED: A complete first and last name must be provided and must match the court documents. You must provide a complete physical address for service.

Name: _____

Home:	Employer:	Other:
Street Address _____	Street Address _____	Street Address _____
City _____ State _____ Zip Code _____	City _____ State _____ Zip Code _____	City _____ State _____ Zip Code _____
Telephone _____	Telephone _____	Telephone _____

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

Which address is the best location for service between 8:30 a.m. – 3:30 p.m.? Home Employer Other Address

Is the defendant violent toward Peace Officers? <input type="checkbox"/> YES <input type="checkbox"/> NO	Is the defendant in jail? <input type="checkbox"/> YES <input type="checkbox"/> NO	Booking#: _____
Is there a firearms surrender order? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Physical description of the person being served: Race: _____ Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female Age: _____		
Date of Birth: _____ Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____ Marks: _____		

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