

**PLEASE COMPLETE FORM AND MAIL/DELIVER ALONG WITH COPIES OF THE DOCUMENTS TO:
SHASTA COUNTY SHERIFF'S OFFICE CIVIL UNIT
300 PARK MARINA CIR., REDDING 96001 - (530) 225-5611**

SERVICE INSTRUCTIONS TO SHERIFF (Restraining Orders)

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