

SHERIFF'S INSTRUCTIONS FOR SERVICE OF RESTRAINING ORDERS

TO: SHERIFF _____ **CASE NUMBER** _____

COUNTY COURT _____ **COURT DATE:** _____ **TIME** _____

**DEFENDANT'S PERSONAL INFORMATION:
(PERSON YOU WANT SERVED)**

NAME _____ AKA'S _____

HOME ADDRESS _____ CITY _____

HOME PHONE _____ WORK PHONE _____ CELL # _____

WORK ADDRESS _____ CITY _____

BEST TIME TO SERVE: HOME _____ WORK: _____

VEHICLE INFO: MAKE _____ MODEL _____ YEAR _____ COLOR _____

IDENTIFYING MARKS, SCARS, TATTOOS, BODY PIERCING, ETC:

DOB _____ AGE _____ SEX _____ RACE _____ HT _____ WT _____

HAIR COLOR _____ EYE COLOR _____ FACIAL HAIR _____ GLASSES: Y OR N

*******OFFICER SAFETY INFORMATION*******

WEAPONS ON PREMISES? Y OR N PERSON KNOWN TO CARRY WEAPONS? Y OR N

IF YES, WHAT TYPE OF WEAPONS? _____

WHERE ARE THE WEAPONS LOCATED? _____

ON PAROLE OR PROBATION? Y OR N HISTORY OF VIOLENCE TO POLICE? Y OR N

DOGS ON PREMISES? Y OR N ARE THEY CHAINED? Y OR N FENCED?: Y OR N

PLAINTIFF'S INFORMATION

PRINT NAME OF PLAINTIFF OR ATTORNEY _____

MAILING ADDRESS _____ CITY _____ ZIP _____

HOME PHONE _____ WORK PHONE _____ CELL PHONE _____

SIGNATURE OF ATTORNEY OR PLAINTIFF _____