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_____