



# Temporary/Permanent Restraining Order Instructions to the Sheriff of Stanislaus County

NORMAL HOURS FOR SERVICE ARE MONDAY – FRIDAY, 8:00 A.M. TO 4:00 P.M.

**Jeff Dirkse, 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. *El Alguacil debera tener las instrucciones firmadas y en escrito por el Demandante representandose a si mismo(a) u al Abogado registrado de acuerdo al Proceso civil de California codigo 262.*

**Court Case #**  
Numero del Caso Judicial

**Sheriff's File #** \_\_\_\_\_  
Numero de Archivo del Departamento del Sheriff

VS

(Plaintiff/Petitioner) Demandante/Demandador

(Defendant/Respondent) Acusado/Demandado

### WHAT TYPE OF RESTRAINING ORDER TO YOU HAVE?

Domestic Violence     Civil Harassment    Elder Abuse    Workplace violence    Other:

Move Out Order     Yes     NO

**BY THE AUTHORITY OF THE ACCOMPANYING CIVIL PROCESS, YOU ARE HEREBY INSTRUCTED TO PERFORM SERVICE UPON:**  
*De Acuerdo A La Autoridad En Acompañamiento Del Proceso Civil, Usted Es, Por El Presente, Instruido A Desempeñar Servicio Sobre:*

(Please type or Print Legibly) (Por favor escriba a maquina o escriba en molde legiblemente)

### Name of party(s) to be served:

*(Nombre del(los) individuo(s) quien(es) le(s) sera(n) entregado(s) una demanda)*

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

### Home Address

*(Direccion de casa)*

**Gate/Access Code:**

### Work Address

*(Direccion del trabajo)*

**Business Name**

**Hours**

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:

*(Descripcion Fisica)*    Male    Female    Age    Date of Birth    Race  
Masculino    Femenino    Edad    Fecha de nacimiento    Raza

**Height**    **Weight**    **Hair**    **Eyes**    **Desc. Of Car**  
*Estatura    Peso    Pelo    Ojos    Descripcion De Carro*

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

*Caracteristicas particulares (cicatrices, rasgos, tatuajes, etcetera)*

### 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	If Yes, specify:	
Criminal History?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Unknown	If Yes, Specify:	
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    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    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 the Defendant Speak?	<input type="checkbox"/> English <input type="checkbox"/> Other (specify: _____) <input type="checkbox"/> Don't Know	
Is the defendant in Stanislaus County Jail?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If known, please provide jail ID/Booking#
Is this a <b>Child Pick Up Order</b> ?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Contact Name for Child Pickup: Phone #:
Who has Physical <b>Custody</b> of child/children now?	<input type="checkbox"/> You <input type="checkbox"/> Person to be served	
Other information that may be helpful to assist peace officers:		
Special Instructions (Best time for service)		

**NOTICE: ALL COMMUNICATION, REFUNDS AND COLLECTIONS WILL BE MADE TO THE NAME AND ADDRESS LISTED BELOW. NOTA: TODA COMUNICACION, REEMBOLSO Y COLECTA SERA(N) ENTREGADO(S) AL PARTIDO CUYO NOMBRE Y DOMICILIO ESTAN ALISTADOS ABAJO.**

(NO REFUNDS AFTER PROCESSING)

**DATE:**  
(Fecha)

**MAILING ADDRESS**  
(Direccion del correo)

**City State Zip Code**  
(Ciudad, Estado y Codigo Postal)

**BUSINESS NAME if applicable.**

**Telephone number where you may be reached (between 8 a.m. & 5 p.m.)**  
(Numero de telefono donde usted puede ser localizado(a) (Entre las 8 AM y las 5PM))

**Printed name of party requesting service**  
Plaintiff representing him/herself or the Attorney of Record (CCP 262)  
(Nombre escrito en molde del partido quien solicita entrega de la notificacion)

**ADDRESS/PHONE IS NOT ON ORDER and IS CONFIDENTIAL**

**Signature of party requesting service**  
**Plaintiff representing him/herself or the Attorney of Record** (CCP 262)  
(Firma del partido quien solicita entrega de la notificacion)

\*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.

**(We will mail a copy of either the proof of service or a list of attempts to you)**

**NOTE: THE SHERIFF IS ENTITLED TO HIS FEE FOR SERVICE, WHETHER OR NOT THE SERVICE IS SUCCESSFUL. (GOVT CODE 26738) THE LAW ALLOWS THE SERVICE OF PROCESS BETWEEN THE HOURS OF 6:00 A.M. AND 10:00 P.M. NOTA: EL SHERIFF TIENE EL DERECHO DE COBRAR HONORARIOS POR SU SERVICIO, AUNQUE CUYO SERVICIO NO TUVO BUENOS RESULTADOS. (GOVT CODIGO 26738) LA LEY PERMITE PROCEDIMIENTO DE SERVICIO DURANTE LOS HORAS DE LAS 6:00 AM Y LAS 10:00 PM**

**FOR OFFICE USE ONLY**

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Initials \_\_\_\_\_  counter  mail  cash  check  waiver  other \_\_\_\_\_

ICJIS Multi System Name Search:  Negative  Attached  
ICJIS Warrant Check:  Negative  Attached  
CARPOS Entered:  Yes  No (Denied)  OA: \_\_\_\_\_

**Completed By:**

Initials of Clerk \_\_\_\_\_ Date: \_\_\_\_\_