

**INSTRUCTIONS TO SHERIFF OF THE COUNTY OF KERN
TEMPORARY RESTRAINING ORDER OR ORDER AFTER HEARING**

The Sheriff requires written instructions from the plaintiff or their attorney before serving court documents. (CCP 262)

_____ vs. _____ Court Case No.: _____

Person to be served:

Name: _____

Home Address: _____ Phone: _____

City, State, Zip Code: _____

Employer: _____ Work hours: _____

Address: _____ Phone: _____

City, State, Zip Code: _____

Other Address: _____

City, State, Zip Code: _____

What is the relationship of other address to defendant? (Parent, friend, school, etc.) _____

Which address is the best location for service between 9 a.m. – 4 p.m.?

Home Employer Other Address

Is there a MOVE OUT ORDER? <input type="checkbox"/> YES <input type="checkbox"/> NO	Is the defendant violent toward Peace Officers? <input type="checkbox"/> YES <input type="checkbox"/> NO
Is there a CHILD PICK UP ORDER? <input type="checkbox"/> YES <input type="checkbox"/> NO	Is the defendant in jail? <input type="checkbox"/> YES Booking #: _____ <input type="checkbox"/> NO
Who has PHYSICAL CUSTODY of child(ren) now? <input type="checkbox"/> YOU <input type="checkbox"/> PERSON BEING SERVED	Is there a firearms surrender order? <input type="checkbox"/> YES <input type="checkbox"/> NO

Physical description of person being served:

(Race) (Sex) (Age) (Height) (Weight) (Hair) (Eyes) (Date of Birth)

Please list all documents to be served: _____

Additional comments (description of vehicle, weapons, vicious dogs, prior violence, will avoid service, etc.):

MAKE ALL COMMUNICATIONS TO: Name: _____

Address: _____

City, State, Zip Code: _____

Daytime Phone Number: _____

Email Address: _____

Signature of attorney (or plaintiff if there is no attorney)

Date