

INSTRUCTIONS TO THE SHERIFF OF THE COUNTY OF KERN TEMPORARY RESTRAINING ORDER (DOMESTIC VIOLENCE) REISSUE / RENEW / ORDER AFTER HEARING

We need **two complete copies** of all documents you want served. These instructions must be signed by the attorney of record or by the protected person if there is no attorney (CCP 262)
(PLEASE PRINT EXCEPT FOR SIGNATURE)

Case Title: _____ **vs.** _____
(Protected Person) (Restrained Person)

Court Case No: _____ **Court Date:** _____

Please check all documents you want served. You must include all court required documents (in bold) or we cannot attempt service.	Reissue: <i>Required</i> <input type="checkbox"/> DV-116 <input type="checkbox"/> DV-115 <input type="checkbox"/> DV-100 <input type="checkbox"/> DV-109 <input type="checkbox"/> DV-110 (if granted) <input type="checkbox"/> DV-120 (blank) <input type="checkbox"/> DV-120 (info) <input type="checkbox"/> DV-250 (blank)	Renew: <i>Required</i> <input type="checkbox"/> DV-700 <input type="checkbox"/> DV-710 <input type="checkbox"/> DV-130 <input type="checkbox"/> DV-720 (blank)	Order After Hearing: <i>Required</i> <input type="checkbox"/> DV-130	Other documents listed in the notice/order as follows (specify): <input type="checkbox"/> DV- _____ <input type="checkbox"/> DV- _____ <input type="checkbox"/> DV- _____ <input type="checkbox"/> DV- _____ <input type="checkbox"/> DV- _____ <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____
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PERSON TO BE SERVED: *A complete first and last name must be provided and must match the court documents. You must provide a complete physical address for service.*

Name: _____

Home: _____ Street Address _____ City State Zip Code _____ Telephone	Employer: _____ Street Address _____ City State Zip Code _____ Telephone	Other: _____ Street Address _____ City State Zip Code _____ Telephone
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Other address type: Relative Friend School Jail/Prison Other (explain) _____

Which address is the best location for service between 8:30 a.m. – 3:30 a.m.? Home Employer Other Address

Is the defendant violent toward Peace Officers? <input type="checkbox"/> YES <input type="checkbox"/> NO Is the defendant in jail? <input type="checkbox"/> YES Booking #: _____ <input type="checkbox"/> NO Is there a firearms surrender order? <input type="checkbox"/> YES <input type="checkbox"/> NO *Is there a MOVE OUT ORDER? <input type="checkbox"/> YES <input type="checkbox"/> NO *Is there a CHILD PICK UP ORDER? <input type="checkbox"/> YES <input type="checkbox"/> NO *Do you have PHYSICAL CUSTODY of the child(ren) now? <input type="checkbox"/> YES <input type="checkbox"/> NO	Physical description of the person being served: Race: _____ Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female Age: _____ Date of Birth: _____ Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____
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Additional comments (description of vehicle, weapons, vicious dogs, prior violence, will avoid service, etc.):

YOUR INFORMATION (All communications will be sent to the name and address listed below):

Name: _____
Address: _____

 City State Zip Code
Daytime Phone No.: _____ **Email Address:** _____@_____

Sign Here (attorney of record or protected person if no attorney) _____
Date