

# INSTRUCTIONS TO THE SHERIFF OF THE COUNTY OF KERN TEMPORARY RESTRAINING ORDER

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: \_\_\_\_\_

Type of Order:	<input type="checkbox"/> Domestic Violence	<input type="checkbox"/> Civil Harassment	<input type="checkbox"/> Elder Abuse	<input type="checkbox"/> Workplace Violence
Please check all documents you want served. <b>You must include all court required documents (in bold) or we cannot attempt service.</b>	<b>Required:</b> <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-250 (blank) <b>Other documents listed in the notice/order as follows (specify):</b> <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 _____	<b>Required:</b> <input type="checkbox"/> CH-100 <input type="checkbox"/> CH-109 <input type="checkbox"/> CH-110 (if granted) <input type="checkbox"/> CH-120 (blank) <input type="checkbox"/> CH-120 (info) <input type="checkbox"/> CH-250 (blank) <b>Other documents listed in the notice/order as follows (specify):</b> <input type="checkbox"/> CH-_____ <input type="checkbox"/> CH-_____ <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____	<b>Required:</b> <input type="checkbox"/> EA-100 <input type="checkbox"/> EA-109 <input type="checkbox"/> EA-110 (if granted) <input type="checkbox"/> EA-120 (blank) <input type="checkbox"/> EA-120 (info) <input type="checkbox"/> EA-250 (blank) <b>Other documents listed in the notice/order as follows (specify):</b> <input type="checkbox"/> EA-_____ <input type="checkbox"/> EA-_____ <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____	<b>Required:</b> <input type="checkbox"/> WV-100 <input type="checkbox"/> WV-109 <input type="checkbox"/> WV-110 (if granted) <input type="checkbox"/> WV-120 (blank) <input type="checkbox"/> WV-120 (info) <input type="checkbox"/> WV-250 (blank) <b>Other documents listed in the notice/order as follows (specify):</b> <input type="checkbox"/> WV-_____ <input type="checkbox"/> WV-_____ <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____

**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:	Employer:	Other:
Street Address _____ City _____ State _____ Zip Code _____ Telephone _____	Street Address _____ City _____ State _____ Zip Code _____ Telephone _____	Street Address _____ City _____ State _____ Zip Code _____ Telephone _____

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 p.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 <b>*DOMESTIC VIOLENCE ONLY</b> *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	<b>Physical description of the person being served:</b> 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 \_\_\_\_\_  
KCSO/TRO INST (08/15)