

(Restraining Order)

INSTRUCTIONS TO THE SHERIFF OF THE COUNTY OF RIVERSIDE

The Sheriff must have written, signed, instructions by the attorney, or the party if he/she has no attorney in accordance with CCP 262; 687.010.

www.riversidesheriff.org

Court Services • Central
30755-D Auld Rd., Ste. L067
Murrieta, CA 92563
951-304-5050 • FAX 951-304-5066

Court Services • East
46200 Oasis St., Rm B15
Indio, CA 92201
760-863-8255 • FAX 760-863-8919

Court Services • West
4095 Lemon St., 4th Floor
Riverside, CA 92501
951-955-2420 • FAX 951-955-6155

Plaintiff VS _____
Defendant

Court Case Number _____
Levying Officer File Number

Please type or print legibly

SERVE DOCUMENTS ON DEFENDANT:

Name: _____

Home Address: _____ Apt.#: _____

City/Zip: _____

Home #: _____ Work#: _____ Cell#: _____

Best Time of Day for Service at Residence: _____

Employer: _____

Employer's Address: _____

Best Time of Day for Service at Employer: _____

DESCRIPTION: _____
Race / Sex / Age / Ht. / Wt. / Hair / Eyes / DOB

Vehicle (if known): _____
Make/Model Year/License Number Color:

***DEADLINE FOR SERVICE (Date):** _____

Notice: If you do not indicate a date here, we will attempt service with **NO time constraints & regardless of any hearing date. You are responsible for telling us what the last day for service is here.*

Has defendant had any negative contact with Law Enforcement?

NO If YES Explain: _____

To your knowledge is the defendant in possession of any weapons?

NO If YES Explain: _____

Are any occupants of the property involved with drugs, gangs, weapons or violence?

NO If YES Explain: _____

Are there any dogs or other animals at the location?

NO If YES Explain: _____

Are there any children at the location?

NO If YES Explain: _____

Are you aware of any dangerous conditions on or near the property?

NO If YES Explain: _____

Are there any other problems that the deputies should be aware of?

NO If YES Explain: _____

Signature of attorney (or party without an attorney)

Date

Print name of attorney (or party without an attorney)

Address of attorney (or party without an attorney) Number, Street, City, State, Zip Code

Telephone Number

Cell Number