



RESTRAINING ORDER SERVICE INSTRUCTIONS TO THE SHERIFF OF SAN DIEGO COUNTY

Case number: _____

DEFENDANT INFORMATION: (Person being served)

Name:		Other names used:					
Home Address (H):			City:		State:	Zip Code:	
					CA		
Home Phone: ()		Best time to serve:			Gate Code:		
Employer Name (W):			Work Hours:		Work Phone: ()		
Employer Address:			City:		State:	Zip Code:	
					CA		
Other Address (O):			City:		State:	Zip Code:	
					CA		
This address is (parents, friends, etc.)		Phone number: ()		Best time to serve:		Gate Code:	
Sex:	Date Of Birth:	Age:	Height:	Weight:	Hair Color:	Eye Color:	Race:
Identifying marks, scars, tattoos, facial hair:				Drivers License Number:		State of issue:	
Vehicle info:	Year:	Make:		Model:		Color:	License Number:

Officer Safety Information: All questions must be answered as they pertain to the person being served.

Drugs or Alcohol?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Unknown	Specify: <input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Both
Mental Health?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Unknown	
Criminal History?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Unknown	
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
Weapons?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Unknown	Specify: <input type="checkbox"/> Guns <input type="checkbox"/> Knives <input type="checkbox"/> Other
Violent?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Unknown	
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"/> I do not know	
Other information that may be helpful to assist peace officers:		

PERSON REQUESTING SERVICE: (Instructions can only be signed by the protected person or their attorney)

Name:		Primary Phone Number: ()		
Address:		City:	State:	Zip Code:
Cell Phone Number: ()		Other Phone Number: ()		
Email Address:				

I authorize the Sheriff to serve this process in any manner prescribed by law. I acknowledge that the Sheriff's Department DOES NOT guarantee service.

Signature: _____ Date: _____

SHERIFF USE ONLY		SHERIFF USE ONLY		SHERIFF USE ONLY	
Hearing Date:	Last day to serve:	Service fees waived?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If more than one address is provided, indicate order to attempt below: "H" = Home, "W" = Work, "O" = Other					
1 st :	2 nd :	3 rd :	Notify Warrants? <input type="checkbox"/> Yes <input type="checkbox"/> No		
NOT IN CUSTODY: DATE:		TIME:		CLERK INITIALS:	

*** TO BE COMPLETED BY INTERVIEWING DEPUTY ***

Deputy Questions / Notes for service of OFR

1. Is this order issued pursuant to a recent Domestic Violence incident and/or arrest? Yes / No
2. Was the restrained party arrested? Yes / No
3. If the restrained party was arrested, was it due to physical violence? Yes / No
4. Is the restrained party aware of your intentions to remove them from the property? Yes / No
5. Any extra information to gain access to the property such as a gate code or key? Yes / No

6. Does the restrained party use drugs or alcohol? Yes / No
7. If yes, is their drug or alcohol usage chronic? Yes / No

8. Are you going to return to the residence and will you be there when deputies attempt to serve the order? Yes / No

Interviewing deputy should recommend the following to the protected party:

- A. Recommend to the plaintiff that when they go to court for the hearing, they designate a mutually agreed upon 3rd party to recover any personal property left at the residence. Advise the plaintiff that after the permanent order is granted by the court, the Sheriff and other local law enforcement agencies do not have the manpower to stand by and preserve the peace for an more than a few minutes if the defendant picks up the property themselves.
- B. Advise the protected party to call 9-1-1 if the restrained party violates the order after service.
- C. Advise the protected party to keep a copy of the restraining order on their person at all times.
- D. Remind the protected party that the court will dismiss their restraining order if they fail to appear at the hearing.

Additional Notes.

Deputy Conducting Interview

Criminal History:	<input type="checkbox"/> Negative	<input type="checkbox"/> Attached	<input type="checkbox"/> Systems Checked By: _____
Warrant History:	<input type="checkbox"/> Negative	<input type="checkbox"/> Attached	_____