

(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.

<http://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., 4<sup>th</sup> 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: \_\_\_\_\_

**COMMENTS:** \_\_\_\_\_

**DESCRIPTION:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Race Sex Age Ht. Wt. Hair Eyes DOB

**Vehicle (if known):** \_\_\_\_\_  
Make/Model Year/License Number Color:

**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