

**MENDOCINO COUNTY SHERIFF'S CIVIL DEPARTMENT**

951 LOW GAP ROAD, UKIAH CA 95482 707-463-4419

**TRO/ RESTRAINING ORDER SERVICE INSTRUCTIONS**

WE NEED TWO COMPLETE COPIES OF EVERYTHING YOU WANT SERVED

**If you do not have an address we cannot serve your papers!**

To the Sheriff of Mendocino County, you are instructed to serve the attached papers as indicated below:

**Hearing Date:** \_\_\_\_\_ Is there an order shortening time  Yes  No

**Paperwork for service:**  Domestic Violence  Civil Harassment  Elder Abuse  Workplace Violence

**First & Last Name of person To be SERVED:** \_\_\_\_\_

A complete first and last must be provided, spelling must be exact. We cannot look up or verify names

**Physical Description:** Fill out info below

Male  Female Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_ Race \_\_\_\_\_ Facial Hair \_\_\_\_\_

**Vehicle Description** \_\_\_\_\_ **License Plate** \_\_\_\_\_

**\*\*Address for service: A complete address MUST be provided. Spelling must be exact. We cannot verify addresses or locate individuals. If you do not submit address, we can not serve paperwork.\*\***

**Home or Service Address & phone #:** \_\_\_\_\_

**Business Name, Address & Schedule:** \_\_\_\_\_

**\*Threat of Firearms:** Check all boxes below that apply to the person being served:

The person owns firearms (Check type and enter Number of each owned)  
 Handguns \_\_\_\_\_  Long Guns (rifles and shotguns) \_\_\_\_\_  Other \_\_\_\_\_

This person has firearms in their home.

Location of where firearms are stored: \_\_\_\_\_

**Protected Party Information: All information below\*\*\* REQUIRED\*\***

**Protected Party Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

**Protected Party or Attorney's Signatures only. ↓**

\_\_\_\_\_ **Date** \_\_\_\_\_

**Instructions must be signed by the protected party listed on order, or protected persons attorney of record (CCP 262). Original signatures only-NO photocopies will be accepted. WE DO NOT GUARANTEE SERVICE OR SERVE ON DEMAN**

**PLEASE LIST ANY OTHER INFORMATION WE SHOULD HAVE TO PROTECT OUR DEPUTIES OR MAKE SERVICE EASIER:**

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**NOTE:** The Sheriff is entitled to his/her fees for service whether or not the service is successful (Government Codes 26736 and 26738)

You will receive a copy of the Proof of Service in the email or if you prefer US mail. Please do not phone.

**Some legal documents are required by law to be served complete, and a certain number of days prior to the court hearing. It is NOT the responsibility of the sheriff to provide this information. By signing this document, you acknowledge and waive the liability of the sheriff if the attached documents for service do not conform to Civil Code of Procedure time for service and completeness requirements.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_