

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:

Type of Service:

Domestic Violence Civil Harassment Elder Abuse Workplace Violence

Date of Hearing _____ Is there an order shortening time Yes No

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

Physical Description: Fill out information below

Male Female Date of Birth _____ Age _____ Height _____ Weight _____

Hair Color _____ Eye Color _____ Race _____ Facial Hair _____ Tattoo(s) _____

Vehicle Description _____ License Plate _____

Home or Service Address: _____

Business Name, Address & Schedule _____

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

This 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: _____

Home Phone: _____ Cell Phone _____

****Signed _____ Date _____

Instructions must be signed by the protected party or protected person's attorney of record. (CCP 262)
Original signature only-NO photocopies will be accepted. WE DO NOT GUARANTEE SERVICE OR SERVE ON DEMAND.

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

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 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 _____