



Tulare County

SHERIFF

Proudly Serving Since 1852

Office of
MIKE BOUDREAUX
Sheriff-Coroner
2404 W. Burrel Ave
Visalia, CA 93291-4580
(559) 636-4716

INSTRUCTIONS TO SHERIFF – TEMPORARY/PERMANENT RESTRAINING ORDER

Please **PRINT** clearly and provide as much information as possible.

Please return forms to: **Tulare County Sheriff's Dept. Civil Unit 221 S. Mooney Blvd, Room 102, Visalia, CA 93291**

Phone 559-636-5090 / Fax 559-713-3794

Civil window is open for submission of paperwork 8:00am-4:00pm Monday- Friday

Case Title: _____ vs. _____
(Protected Person) (Restrained Person)

Court Case No: _____ Court Date: _____

Person to be served:

Name : _____
Print First and Last

Home Address: _____ Phone: _____
Street City State ZIP

Employer Name: _____ Work hours: _____

Address: _____ Phone: _____
Street City State ZIP

Other Address: _____ Cell Phone: _____
Street City State ZIP

What is the relationship of other address to defendant (parents, friends, jail, etc.)? _____

Which address is the best location for service between 8:00am and 4:00 pm? Home Work Other

Is this a MOVE OUT ORDER? Y / N	Will he/she avoid service: Y / N
Is this a CHILD TURN OVER ORDER? Y / N	Is the defendant in Tulare County Jail? Y / N
Who has the child (children) now: YOU <input type="checkbox"/>	JID number:
PERSON BEING SERVED <input type="checkbox"/>	Facility Name:

Physical Description of person being served:

Sex: _____ Date of Birth: _____ Age: _____ Height: _____ Weight: _____

Hair Color: _____ Eye Color: _____ Race: _____ Photo Attached: **Y / N**

Distinguishing Marks, Scars or Tattoos: _____

Vehicle Description (year, make, model, color, license number, etc.): _____

Information about Plaintiff:

Send proof of service to: (Plaintiff, Attorney, Advocate etc..)

Name: _____ Home Phone: _____
Print First and Last

Address: _____ Work Phone: _____
Street City State ZIP

Email Address: _____ Cell Phone: _____

Your Signature: _____ Today's Date: _____



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Plaintiff Attorney / Advocate, etc. Information:

Name: _____ Phone: _____
Print First and Last

Address: _____ Email: _____

Agency/Firm: _____

Forms Included (Indicate Blank Forms):

Type of Order: Please check all documents you want served. You must include all court required documents (in bold) or we cannot attempt service.	<input type="checkbox"/> Domestic Violence Required:	<input type="checkbox"/> Civil Harassment Required:	<input type="checkbox"/> Elder Abuse Required:	<input type="checkbox"/> Workplace Violence Required:
	<input type="checkbox"/> DV-100	<input type="checkbox"/> CH-100	<input type="checkbox"/> EA-100	<input type="checkbox"/> WV-100
	<input type="checkbox"/> DV-109	<input type="checkbox"/> CH-109	<input type="checkbox"/> EA-109	<input type="checkbox"/> WV-109
	<input type="checkbox"/> DV-110 (if granted)	<input type="checkbox"/> CH-110 (if granted)	<input type="checkbox"/> EA-110 (if granted)	<input type="checkbox"/> WV-110 (if granted)
	<input type="checkbox"/> DV-120 (blank)	<input type="checkbox"/> CH-120 (blank)	<input type="checkbox"/> EA-120 (blank)	<input type="checkbox"/> WV-120 (blank)
	<input type="checkbox"/> DV-250 (blank)	<input type="checkbox"/> CH-120 (info)	<input type="checkbox"/> EA-120 (info)	<input type="checkbox"/> WV-120 (info)
	<input type="checkbox"/> Other documents listed in the notice/order as follows (specify):	<input type="checkbox"/> CH-250 (blank)	<input type="checkbox"/> EA-250 (blank)	<input type="checkbox"/> WV-250 (blank)
	<input type="checkbox"/> DV- _____	<input type="checkbox"/> Other documents listed in the notice/order as follows (specify):	<input type="checkbox"/> Other documents listed in the notice/order as follows (specify):	<input type="checkbox"/> Other documents listed in the notice/order as follows (specify):
	<input type="checkbox"/> DV- _____	<input type="checkbox"/> CH- _____	<input type="checkbox"/> EA- _____	<input type="checkbox"/> WV- _____
	<input type="checkbox"/> DV- _____	<input type="checkbox"/> CH- _____	<input type="checkbox"/> EA- _____	<input type="checkbox"/> WV- _____
<input type="checkbox"/> DV- _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	
<input type="checkbox"/> DV- _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	

Waiver of Liability:

Some legal documents are required by law to be served a certain number of days prior to the court hearing. It is **NOT** the responsibility of the Sheriff to provide this information. Some legal documents are also required to have other forms such as responses or informational documents attached. It is **NOT** the responsibility of the Sheriff to provide these forms or information. By signing this document you acknowledge and waive the liability of the Sheriff if the attached documents for service do not conform to the California Civil Code of Procedure or any other applicable code governing time for service or required additional documents.

Signature: _____ Today's Date: _____



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POTENTIAL PROBLEMS - To help ensure a safe service of process for all parties, mark all known or suspected situations at the property. You **MUST** give an explanation for any checked items in the space provided below:

- | | |
|--|--|
| <input type="checkbox"/> Firearms | <input type="checkbox"/> Other weapons |
| <input type="checkbox"/> Assaultive/threatening behavior | <input type="checkbox"/> Violent towards Peace Officers |
| <input type="checkbox"/> Gang activity | <input type="checkbox"/> Drug activity |
| <input type="checkbox"/> Vicious animals (List number and type) | <input type="checkbox"/> Alarms or surveillance cameras |
| <input type="checkbox"/> Criminal activity may be taking place (What type?) | <input type="checkbox"/> Prior law enforcement contact/action |
| <input type="checkbox"/> Suicidal or previous suicide attempts | <input type="checkbox"/> Any medical concerns affecting public safety |
| <input type="checkbox"/> Language if other than English (Is there a translator?) | <input type="checkbox"/> Children (List ages) |
| <input type="checkbox"/> Unusual behavior or actions (Describe the behavior) | <input type="checkbox"/> Deaf/Blind |
| <input type="checkbox"/> Elderly or infirm with care provider | <input type="checkbox"/> Other foreseeable risks of harm to deputies or public |
| <input type="checkbox"/> Additional information (Below) | |
