

Instructions to the Sheriff of Yolo County

Service of Process- Temporary Restraining Orders

Please Serve the Following Papers:

- | | |
|--|---|
| <input type="checkbox"/> Temporary Restraining Order (Domestic) (DV-110) | <input type="checkbox"/> Order After Hearing (DV) |
| <input type="checkbox"/> Temporary Restraining Order (Harassment) | <input type="checkbox"/> Order After Hearing (Harassment) |
| <input type="checkbox"/> Petition for Injunction Prohibiting Harassment | <input type="checkbox"/> Blank Answer to TRO (DV-120) |
| <input type="checkbox"/> Description of Abuse (DV-101) | <input type="checkbox"/> Blank Response (Harassment) |
| <input type="checkbox"/> Request for Order (DV-100) | |
| <input type="checkbox"/> Child Custody & Visitation Order (DV-140) | <input type="checkbox"/> Child Custody, Visitation & Support Request (DV-104) |
| <input type="checkbox"/> Other: _____ | |

Person(s) to be served:

Name of Person to be Served

Place of Employment
(If in Yolo County)

Home Address for Service

Work Address

City, State, Zip Code

City, State, Zip Code

Is this a Move Out Order? () Yes () No
Is the Defendant VIOLENT () Yes () No
Does the Defendant have any Weapons? () Yes () No

Describe Weapons & their Locations: _____

Description of Defendant:

Sex _____ DOB _____ Hgt. _____ Wgt. _____ Hair _____ Eyes _____ Race _____

Describe distinguishing marks, scars, tattoos, or facial hair: _____

Best time of day to serve the defendant: At Home _____ At Work _____

Describe the Defendant (s) Vehicle(s) _____

Print Name of Plaintiff or Attorney

Phone with Area Code

Print Address of Plaintiff

Date

Print City/State/Zip Code

Signature of Plaintiff, Attorney or Agent