

San Mateo County Sheriff's Office Civil Bureau

400 County Center, 3rd Floor, Redwood City, CA 94063
Phone (650) 363-4497 Fax (650) 363-4833

RECEIVED – For Office Use Only

Date: _____ Time: _____ Initials: _____
 window mail check waiver other _____

LETTER OF INSTRUCTIONS (TEMPORARY RESTRAINING ORDER)

We need **two complete copies** of everything you want served.

Court Case # _____ Sheriff's File # _____

The Sheriff of San Mateo County is hereby instructed to serve the attached documents on the below named restrained party.

What type of papers do you have?

Domestic Violence Civil Harassment Elder Abuse Workplace Violence

- Move Out Order Yes No

Send all correspondence to the Protected Party's Attorney.

Send all correspondence to the address for the Protected Party listed below.

What is the hearing date? _____

RESTRAINED PERSON

Name: _____
LAST FIRST MIDDLE
(A complete first and last name must be provided. Spelling must be exact. We cannot look up or verify names)

Other names used by the Restrained Person:

(Please use reverse side of page, if necessary)

Sex: Male Female Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

Race: _____ Age: _____

Residence: _____ () _____
ADDRESS & STREET CITY ZIP CODE TELEPHONE #

Business: _____ () _____
ADDRESS & STREET CITY ZIP CODE TELEPHONE #

Business Name: _____ Work Hours: _____ am pm until _____ am pm

Social Security #: _____ Date of Birth: ____ / ____ / ____ Drivers License #: _____
MONTH DAY YEAR

Vehicle Make: _____ Model: _____ Color: _____ License # _____

Does the Restrained Person own a Firearm or have access to Firearms? Yes No

** If you answered Yes, please indicate the Firearm(s):

Location(s) where stored:

Type(s) Handgun Rifle Shotgun Other

