



PLACER COUNTY  
**SHERIFF**  
CORONER – MARSHAL  
CIVIL DIVISION

## RESTRAINING ORDER

Court Case Number: \_\_\_\_\_

Levy Officer File Number: \_\_\_\_\_

\_\_\_\_\_ vs. \_\_\_\_\_  
Protected Person Name

Defendant's Name

**TITLE OF DOCUMENTS TO BE SERVED:**

Person to be served:  Photo Attached

Name: \_\_\_\_\_  
First and Last Name (please print)

D.O.B.: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street City State Zip

Phone: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Work Hours: \_\_\_\_\_

Employer Address: \_\_\_\_\_  
Street City State Zip

Phone: \_\_\_\_\_

Other Address: \_\_\_\_\_  
Street City State Zip

Phone: \_\_\_\_\_

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

Is the defendant in Placer County Jail? <b>Y / N</b>	If known, please provide jail ID # <b>P</b>
Is this a <b>Move Out Order?</b> <b>Y / N</b>	Is the defendant violent towards Peace Officers? <b>Y / N</b>
Is this a <b>Child Pick Up Order?</b> <b>Y / N</b>	Does the defendant have weapons? <b>Y / N</b>
Who has physical custody of child/children now? <b>You / Person to be served</b>	

Distinguishing Marks, scars or tattoos: \_\_\_\_\_

Additional Comments (weapons, vicious dogs, prior violence, best time for service): \_\_\_\_\_

**Requestor's Information** (Attorney of Record / Protected person if no Attorney):

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Phone number

\_\_\_\_\_  
Mailing address

\_\_\_\_\_  
City/State/Zip Code

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Placer County Sheriff's Office - Civil Division  
2929 Richardson Dr. Auburn, CA 95603 (530) 889-7885 Fax (530) 886-3840  
<http://www.placer.ca.gov/departments/sheriff/unitsanddivisions/civil>