



SHERIFF-CORONER DEPARTMENT ORANGE COUNTY

Court Operations

INFORMATION SHEET FOR TEMPORARY RESTRAINING ORDER

To better assist our Deputies in serving these documents, we ask that you give us as much information as possible. **PLEASE PRINT.**

Service Information

Person to be served: _____

Service address: _____ City: _____

Best time to attempt service: _____

Personal Information

Date of birth: _____ Age: _____ Sex: _____ Height: _____ Weight: _____ Race: _____

Nicknames/Aliases: _____

Identifying marks (Scars, tattoos, facial hair, length of hair, etc): _____

List any known previous arrests: _____

Are there any weapons on the premises? _____

Where are they kept? _____

Is the person known to carry a weapon? _____ Type? _____

Description of vehicle driven by person to be served (Model, color, license #, etc): _____

Other information (Alcoholic, drug addict, martial arts expert, etc): _____

Your name: _____ Signature _____

Address: _____ Contact Phone: _____

City: _____