

RESTRAINING ORDERS
INSTRUCTIONS TO THE SHERIFF OF MARIN COUNTY
Civil Division • 1600 Los Gatos Dr., Suite 200 • San Rafael • CA • 94903
Phone 415.473.7282 • • Fax 415.507.4126
(Hours: Monday-Friday - 8:00 am-12noon and 1:00pm-4:30pm)

SERVING RESTRAINING ORDERS Please provide 1 complete copy of the papers to be served along with a copy of the Confidential CLETS Information form. For a Notice of Hearing only, the fee to serve is \$40.00. Please make checks payable to MCSO. If you have a fee waiver issued you must provide us with a copy.

GENERAL INFORMATION Service of your restraining order will be attempted by the MCSO Civil Deputy and the MCSO Patrol Division. The Civil Deputy serves papers on Tuesdays and Thursdays during normal business hours (limited evening and early morning hours). Service will be attempted at the physical address you provide, we cannot serve at a P.O. Box. The Marin County Sheriff's Office treats restraining orders with high priority. However, we cannot guarantee successful service, provide rush service, and are prohibited from accessing DMV Records in order to locate an address for service. Please be advised that anyone over the age of 18 and not a party to the action may serve papers or you may also hire a registered process server. We recommend that you use the Sheriff's Office if you have an immediate move out order.

TO THE SHERIFF OF MARIN COUNTY, you are requested to serve the papers checked below.

(Note: Restraining Orders must be personally served-no later than 5 days before the court date)

DOMESTIC VIOLENCE (DV)

CIVIL HARASSMENT (CH)

ELDER/DEPENDENT ADULT ABUSE (EA)

WORKPLACE VIOLENCE (WV)

NOTICE OF HEARING, ONLY – Check one: DV CH EA WV

WHAT IS THE COURT DATE? (REQUIRED) _____

WHO ARE YOU SERVING? You must list the name of the restrained party exactly as it appears on the papers:

DOES YOUR ORDER HAVE AN IMMEDIATE MOVE OUT? Yes No

If you checked yes, is the restrained party still living there? Yes No

WHAT IS THE ADDRESS FOR SERVICE? CHECK ONE Home Work Marin County Jail Other

Phone # _____ Type of Vehicle _____

Alternate Address: Home Work Other (Please check one)

_____ Phone _____

DOES THE RESTRAINED PARTY HAVE WEAPONS? Please list the type of weapon(s) and its/their location(s).

OFFICER SAFETY HAZARDS OR CONCERNS THAT MAY BE ASSOCIATED WITH THE RESTRAINED PARTY:

PROTECTED PERSON NAME: _____

PROTECTED PERSON ADDRESS: _____

Phone # _____ Other phone # _____

The return of service will be mailed to the above listed address unless another address is provided below

Mailing Address: _____

Signature: _____ Date: _____

Instructions must be signed by the protected person or attorney of record (CCP 262)