

Protected Person's Name:	Case Number:
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CONFIDENTIAL--DO NOT FILE IN COURT FILE

Request for Sheriff to Serve and Sheriff's Fee Statement

I WANT THE SHERIFF TO SERVE THE ATTACHED LEGAL FORMS WITHIN SANTA CLARA COUNTY AT NO COST TO ME.

To the Sheriff: Serve the attached legal forms on the Restrained Party in this case. Send a copy of the Proof of Service or any other documents to:

- the Protected Party's Attorney
- the Protected Party at the address listed below:

Today's Date: _____

_____ Sign Your Name Here

**Protected Person/Protected Person's Attorney –
Do not fill out anything below this line**

INFORMATION BELOW IS TO BE COMPLETED BY SHERIFF'S OFFICE PERSONNEL ONLY

Service of the order was made or attempted on (date):

Fee for Service: \$

Type or Print Name of Sheriff's Office Representative

Signature of Law Enforcement Representative

Title of Agency