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 INSTRU We need twe | JCTIONS (TEMPO o complete copies of e | | | | | | | |
|--|--|--|---|---|--|--|--|--|
| Court Case # Sheriff's File # | | | | | | | | |
| The Sheriff of San Mateo Coun | ity is hereby instruct below named restr | | ached documents on the | | | | | |
| What type of papers do you have | e? | | | | | | | |
| □ Domestic Violence □ Civ - Move Out Order □ Yes □ I | ril Harassment 🗆 No | Elder Abuse | ☐Workplace Violence | | | | | |
| \square Send all correspondence to the \square Send all correspondence to the | • | • | ed below. | | | | | |
| What is the hearing date? | | | | | | | | |
| | RESTRAINED F | PERSON | | | | | | |
| Name: | FIRST | MODI | | | | | | |
| LAST (A complete first and last nan | FIRST ne must be provided. Spelling m | MIDDL nust be exact. We cannot look | | | | | | |
| Other names used by the Restra | ined Person: | | | | | | | |
| | | | | | | | | |
| · | ase use reverse side of page, if | • • | | | | | | |
| Sex: □ Male □ Female Height | :: Weight: | • • | Hair Color: | | | | | |
| Sex: ☐ Male ☐ Female Height | :: Weight: Age: | • • | Hair Color: | | | | | |
| Sex: ☐ Male ☐ Female Height | :: Weight: | Eye Color: | Hair Color:) TELEPHONE # | | | | | |
| Sex: Male Female Height Race: Residence: ADDRESS & STREET Business: | :: Weight: Age: | • • |) | | | | | |
| Sex: Male Female Height Race: Residence: | :: Weight: Age: | Eye Color: |) | | | | | |
| Sex: Male Female Height Race: Residence: ADDRESS & STREET Business: | :: Weight: Age: | ZIP CODE |) TELEPHONE #) TELEPHONE # | 7 | | | | |
| Sex: Male Female Height Race: Residence: ADDRESS & STREET Business: ADDRESS & STREET | CITY CITY Work Hours: | Eye Color: (|) TELEPHONE #) TELEPHONE # m until \(\square am \square pm \) | | | | | |
| Sex: Male Female Height Race: Residence: ADDRESS & STREET Business: ADDRESS & STREET Business Name: | CITY CITY Work Hours: Date of Birth: MONTH | Eye Color: (|) TELEPHONE #) TELEPHONE # m until □ am □ pm License #: | | | | | |
| Sex: Male Female Height Race: Residence: ADDRESS & STREET Business: ADDRESS & STREET Business Name: Social Security #: | CITY CITY CITY Work Hours: Date of Birth: MONTH odel: n a Firearm or have | Eye Color: (|) TELEPHONE #) TELEPHONE # m until □ am □ pm License #: | | | | | |

| THREAT of GUNS. Check all boxes below that apply to the person being served: | | | | | | | | |
|--|-------------------|---------|------------|------------------|--|--|--|--|
| ☐ Yes, I have personally seen the person with a gun. Date you last saw this: | | | | | | | | |
| ☐ Yes, the person has used firearm(s) in a domestic violence incident. Date of incident: | | | | | | | | |
| ☐ Yes, the person has made verbal threats to use guns. Date of last threat: | | | | | | | | |
| | | | | | | | | |
| PROTECTED PERSON (CONFIDENTIAL) | | | | | | | | |
| Name: | ame: | | MIDDLE | | | | | |
| Sex: □ Male □ Fema | e Height : | Weight: | Eye Color: | Hair Color: | | | | |
| Race: Age: | | | | | | | | |
| Residence: | & STREET | CITY | ZIP CODE |) TELEPHONE # | | | | |
| Business: | & STREET | CITY | ZIP CODE |) TELEPHONE # | | | | |
| Business Name: | | | | | | | | |
| ☐ Yes, I work for the County of San Mateo. Department: | | | | | | | | |
| Protected Person's Signature: Date: | | | | | | | | |

Civil: Make 1 copy of the entire <u>DV 110</u> packet for DVSA. Include a copy of this instruction sheet.

SH CIV-206 (09/12)