

ATTORNEY OR PARTY WITHOUT ATTORNEY  TELEPHONE NO.  ATTORNEY FOR (Name)	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF EL DORADO STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE:	
PETITIONER/PLAINTIFF:  RESPONDENT/DEFENDANT:	CASE NUMBER:

**REQUEST AND ORDER FOR FREE SERVICE OF ORDERS**

- |  |   |
|--|---|
| <input type="checkbox"/> Domestic Violence               | <input type="checkbox"/> Civil Harassment   |
| <input type="checkbox"/> Elder and Dependent Adult Abuse | <input type="checkbox"/> Workplace Violence |

Protected Person's Name: \_\_\_\_\_

Name of Person to be Restrained: \_\_\_\_\_

1. I am entitled for free service of the restraining orders by the sheriff or marshal because (*check one*):
  - a.  I asked for domestic violence prevention restraining orders on Form DV-100.
  - b.  I asked for civil harassment restraining orders on Form CH-100, and my request was based on my fear of (*check at least one box, if applicable*)
    - (1)  credible threat of violence
    - (2)  stalking
  - c.  I asked for Elder and Dependent Adult Abuse orders issued under Chapter 11 of Part 3 of Division 9 of Welfare and Institutions Code (commencing with Section 15600)
  - d.  I asked for Workplace Violence orders issued under Code of Civil Procedure section 527.8(q)(1), and my request was based on my fear of (*check at least one box, if applicable*):
    - (1)  credible threat of violence
    - (2)  stalking

I declare under penalty of perjury, under the laws of the State of California, that the information above is true and correct.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature of Party

Protected person's name \_\_\_\_\_ Case Number: \_\_\_\_\_

**COURT ORDER**

1. The Court has reviewed the request for free service of orders and finds that (*check one box only*):
  - a.  The person  does  does not qualify for free service of orders under Chapter 11 of Part 3 of Division 9 of Welfare and Institutions Code (commencing with Section 15600), Elder and Dependent Adult Abuse orders.
  - b.  The person  does  does not qualify for free service of orders under Code of Civil Procedure section 527.8(q)(1), Workplace Violence orders.
  - c.  The person  does  does not qualify for free service of orders under Code of Civil Procedure section 527.6(q)(1), Civil Harassment orders.
2. The sheriff or marshal shall serve the order(s)  without cost  with cost to the requesting party.

Dated: \_\_\_\_\_  
\_\_\_\_\_ Judicial Officer

3.  **The person qualifies for free service of Domestic Violence Restraining Orders without cost (a signed Court order for free service is not required).** \_\_\_\_\_  
Clerk's Signature Date

**Instructions for Protected Person**

- Fill out page 1 of this form. This form will allow you to ask the sheriff or marshal to serve the restraining order on the restrained person.
- Give the form to the court clerk together with your request for a restraining order, protective order or injunction.
- Ask the clerk how to make sure the sheriff or marshal gets your papers for service.
- If you do not qualify for free service of the restraining order under this request, you may pay the sheriff or marshal to serve the order on the restrained person.

**Instructions for Law Enforcement**

- The sheriff or marshal is allowed to bill the court for orders or injunctions described in Chapter 11 of Part 3 of Division 9 of Welfare and Institutions Code (commencing with Section 15600) and Code of Civil Procedure section 527.8(q)(1). The sheriff or marshal may bill the court for service if the party qualifies for free service in item 1a or 1b above.

If the sheriff or marshal is seeking reimbursement for service, the box below must be filled out and a copy of this form returned to the court listed on page 1. **This is not a proof of service.**

**Service of the order was made or attempted on (date):** \_\_\_\_\_  
**Fee for service: \$** \_\_\_\_\_

Date: \_\_\_\_\_  
\_\_\_\_\_ (Title and Agency)

\_\_\_\_\_  
(Type/Print Name of Law Enforcement Rep) (Signature of Law Enforcement Rep)

