COUNTY OF SANTA CLARA
LAW ENFORCEMENT SUPPLEMENTAL INFORMATION FORM
STATEWIDE PROTECTIVE ORDER REGISTRY
AND
INSTRUCTIONS FOR SERVICE OF RESTRAINING ORDER
(Domestic Violence, Workplace Violence, and Civil Harassment)

COURT CASE NUMBER_____

State law requires that protective order (restraining orders) be entered into the California Protective Order Registry. The more information that you can give to law enforcement regarding the restrained person, the easier it may be to enforce the orders and identify the restrained person. Please provide us with as much information as you can about the restrained person. **If you are requesting the Sheriff's Office to service the order, the location must be in Santa Clara County and all sections of this form must be completed. If the information is unknown, enter "Unk" or "N/A" if any of the sections do not apply.** Information concerning you and your address is also requested, since many people have similar names. **Please note: Information concerning your address will be kept CONFIDENTIAL by law enforcement. This document will not be made a part of the official court file**. *Please Print*

RESTRAINED PERSON: _____
(Name)

Sex: ☐ M ☐ F Ht. _____ Wt: _____ Hair Color: _____ Eye Color: _____ Race: _____ Age: _____

Date of Birth: _____   ☐ Person in county custody, facility: _____

_____   _____
(Residence Address)   (City, State, ZIP)   (Telephone No.)

_____   _____
(Place of Work)   (Occupation/Title)   (Working Hours)

_____   _____
(Business Address)   (City, State, ZIP)   (Telephone No.)

Drivers License#: _____ Vehicle Lic. #: _____ Make/Model: _____

Soc Sec #: _____ Marks, Scars and/or Tattoos: _____

Other Names Used by the Restrained Person: _____

Does the person own a firearm? ☐ Yes ☐ No. Is the person considered physically violent? ☐ Yes ☐ No. Why?

(i.e. probation, parole, prior history) _____

PROTECTED PERSON: : _____
(Name)

Sex: ☐ M ☐ F Ht. _____ Wt: _____ Hair Color: _____ Eye Color: _____ Race: _____ Age: _____

Date of Birth: _____   Attorney's Name, if Represented: _____

_____   _____
(Residence Address)   (City, State, ZIP)   (Telephone No.)

_____   _____
(Place of Work)   (Occupation/Title)   (Working Hours)

_____   _____
(Business Address)   (City, State, ZIP)   (Telephone No.)

Names of Other Protected Parties: _____

IF YOU WANT THE SHERIFF TO SERVE THE ORDERS WITHIN SANTA CLARA COUNTY AT NO COST TO YOU, PLEASE COMPLETE THE FOLLOWING AND SIGN BELOW:
☐ **TO THE SHERIFF: You are instructed to serve the attached documents on the above named restrained party.**
Send all correspondence to: ☐ the protected party's attorney OR ☐ to the address for the protected party listed above.

Signature: _____   Date: _____

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