

**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** \_\_\_\_\_ **Department No.** \_\_\_\_\_ **Next Court Date** \_\_\_\_\_

State law requires that protective orders (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: \_\_\_\_\_