| ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name, State Bar number, and address):*<br><br>TELEPHONE NO. *(Optional):* FAX NO. *(Optional):*<br>E-MAIL ADDRESS *(Optional):*<br>ATTORNEY FOR *(Name):* | **To keep other people from seeing what you entered on your form, please press the Clear This Form button at the end of the form when finished.** |
|---|---|
| **SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO**<br>☐ HALL OF JUSTICE, 330 W. BROADWAY, SAN DIEGO, CA 92101-3827<br>☐ COUNTY COURTHOUSE, 220 W. BROADWAY, SAN DIEGO, CA 92101-3814<br>☐ MADGE BRADLEY BLDG., 1409 4TH AVE., SAN DIEGO CA 92101-3105<br>☐ FAMILY COURT, 1555 6TH AVE., SAN DIEGO, CA 92101-3294<br>☐ NORTH COUNTY DIVISION, 325 S. MELROSE DR., VISTA, CA 92081-6643<br>☐ EAST COUNTY DIVISION, 250 E. MAIN ST., EL CAJON, CA 92020-3941<br>☐ RAMONA BRANCH, 1428 MONTECITO RD., RAMONA, CA 92065-5200<br>☐ SOUTH COUNTY DIVISION, 500 3RD AVE., CHULA VISTA, CA 91910-5649 | |
| In the Matter of: | |
| Petitioner(s): | |
| Respondent(s): | |
| **Request for Free Service of the Order and Injunctions (CCP § 527.6(a)(1) and 527.8; Family Code § 6200 et seq; Welfare and Institutions Code § 15600 et seq); and Sheriff's Reimbursement** | CASE NUMBER |

## REQUEST FOR FREE SERVICE:

1. Your name (person asking for service of Order or Injunction): _____

   _____

   Your Address: _____

   City: _____ State: _____ Zip Code: _____

   Your lawyer (if you have one): _____

   _____

2. I am entitled to free service of the restraining order or injunction by the sheriff because:
   - a. ☐ I asked for a domestic violence prevention restraining order on Form DV-100.
   - b. ☐ I asked for a civil harassment restraining order on Form CH-100 and my request was based on my fear of
     - i. ☐ stalking
     - ii. ☐ a credible threat of violence
   - c. ☐ I have requested a restraining order under the Elder Abuse and Dependent Adult Civil Protection Act.
   - d. ☐ I have asked for a civil harassment restraining order for an employee and the request was based on that employee's fear of
     - i. ☐ stalking
     - ii. ☐ a credible threat of violence
   - e. ☐ I have requested a restraining order to enforce a protective order issued under the Family Code

Date:

_____ (TYPE OR PRINT NAME)

_____ (SIGNATURE)

**INSTRUCTIONS FOR LAW ENFORCEMENT:**

Government Code § 6103.2 allows the sheriff to bill the court only for orders or injunctions that were served, where service was canceled or where the respondent was not found so long as the amount sought does not exceed the allowable amounts provided in Government Code § 26721, 26736 and 26731.

To seek reimbursement for service, fill out the box below and a copy of this form must be returned to the court listed above.

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

Date:

_____ (TYPE OR PRINT LAW ENFORCEMENT REPRESENTATIVE)

_____ SIGNATURE

_____ (TYPE OR PRINT TITLE AND AGENCY)



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