

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO. (Optional): _____ EMAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO <input type="checkbox"/> CENTRAL DIVISION, CENTRAL COURTHOUSE, 1100 UNION ST., SAN DIEGO, CA 92101 <input type="checkbox"/> CENTRAL DIVISION, HALL OF JUSTICE, 330 W. BROADWAY, SAN DIEGO, CA 92101 <input type="checkbox"/> EAST COUNTY DIVISION, 250 E. MAIN ST., EL CAJON, CA 92020 <input type="checkbox"/> NORTH COUNTY DIVISION, 325 S. MELROSE DR., VISTA, CA 92081 <input type="checkbox"/> SOUTH COUNTY DIVISION, 500 3RD AVE., CHULA VISTA, CA 91910	
PETITIONER(S)	
RESPONDENT(S)	JUDGE/DEPT
ORDER FOR REMOVAL FROM RESIDENCE (DOMESTIC VIOLENCE – ELDER/DEPENDENT ABUSE)	CASE NUMBER

TO: **SAN DIEGO COUNTY SHERIFF**

Pursuant to the following TRO/RO issued on _____:

- Temporary Restraining Order (CLETS-TRO) (Domestic Violence Prevention) (JC Form #DV-110)
- Temporary Restraining Order (CLETS-TEA or TEF) (Elder or Dependent Adult Abuse Prevention) (JC Form #EA-110)
- Restraining Order After Hearing (CLETS-OAH) (Order of Protection) (Domestic Violence Prevention) (JC Form #DV-130)
- Elder or Dependent Adult Abuse Restraining Order After Hearing (CLETS-EAR or EAF) (Elder or Dependent Adult Abuse Prevention) (JC Form #EA-130)

YOU ARE ORDERED to remove (name of party to be removed): _____

from the residence located at: _____

Street

California

City

State

Zip Code

YOU ARE FURTHER ORDERED to remain on the premises of said residence for a reasonable period in order to provide an opportunity for the removed party to take personal effects from those premises.

Date: _____

Judge/Commissioner of the Superior Court

CLERK'S CERTIFICATE



The foregoing document, consisting of _____ page(s), is a full, true, and correct copy of the original copy on file in this office.

Clerk of the Superior Court

Date: _____

by _____, Deputy