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ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name, State Bar number, and address):*	***FOR COURT USE ONLY***
TELEPHONE NO. *(Optional):* FAX NO. *(Optional):* E-MAIL ADDRESS *(Optional):* ATTORNEY FOR *(Name):*	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO ☐ CENTRAL COURTHOUSE, 1100 UNION ST., SAN DIEGO, CA 92101 ☐ COUNTY COURTHOUSE, 220 W. BROADWAY, SAN DIEGO, CA 92101 ☐ HALL OF JUSTICE, 330 W. BROADWAY, SAN DIEGO, CA 92101 ☐ NORTH COUNTY DIVISION, 325 S. MELROSE DR., VISTA, CA 92081 ☐ EAST COUNTY DIVISION, 250 E. MAIN ST., EL CAJON, CA 92020 ☐ SOUTH COUNTY DIVISION, 500 3RD AVE., CHULA VISTA, CA 91910	
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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