To keep other people from seeing what you have entered, please press Reset Form button when finished.

ATTACHMENT FM-1041

Protected Person's Name:	Case Number:

Request for Sheriff to Serve and Sheriff's Fee Statement

I WANT THE SHERIFF TO SERVE THE ATTACHED LEGAL FORMS WITHIN SANTA CLARA COUNTY AT NO COST TO ME.

To the Sheriff: Serve the attached legal forms on the Restrained Party in this case. Send a copy of the Proof of Service or any other documents to:

☐ the Protected Party's Attorney.

☐ the Protected Party at the address listed on the Confidential CLETS Information Form [DV-260].

Today's Date:_____ _____

Sign your name here

Reset Form

Protected Person/Protected Person's Attorney –
Do not fill out anything below this line

INFORMATION BELOW IS TO BE COMPLETED BY SHERIFF'S OFFICE PERSONNEL ONLY

Service of the order was made or attempted on (date): _____

Fee for Service: $ _____

_____ _____

Type or Print Name of Sheriff's Office Representative | Signature of Sheriff's Office Representative

_____

_____

_____

Title of Agency