CONFIDENTIAL INSTRUCTIONS FOR SERVICE OF PROCESS

DATE: [Date]

TO: [Name of Process Server/Agency]
FROM: [Your Name or Law Firm Name]
RE: Service of Restraining Order

CASE INFORMATION:
Case Name: [Petitioner Name] vs. [Respondent Name]
Case Number: [Case Number]
Court: [Name of Court]

DOCUMENTS TO BE SERVED:
[List documents, e.g., Temporary Restraining Order, Petition, Notice of Hearing]

RESPONDENT/DEFENDANT IDENTIFICATION:
Name: [Full Name]
Date of Birth: [DOB]
Physical Description: [Height, Weight, Hair/Eye Color, Scars/Tattoos]
Vehicle Info: [Make, Model, Color, License Plate]

SERVICE LOCATION(S):
Primary Address: [Home Address]
Secondary Address: [Workplace/Other Address]
Best Times for Service: [Specify Times]

SAFETY WARNINGS & SPECIAL INSTRUCTIONS:
[List any known history of violence, weapons, or aggressive pets at the location.]

REPORTING REQUIREMENTS:
Upon successful service, please provide a signed Proof of Service/Affidavit of Service immediately. If service is unsuccessful after [Number] attempts, please contact me at [Phone Number] for further instructions.

Sincerely,

[Your Signature]
[Your Printed Name]
[Your Phone Number]
[Your Email Address]