

State of Indiana
County of _____ (standard caption)

_____))
_____))
_____))
v. _____) SS: Case No. _____
_____))
_____))
_____))

RETURN OF SERVICE INFORMATION FOR PROTECTIVE ORDERS, NO CONTACT ORDERS AND WORKPLACE VIOLENCE RESTRAINING ORDERS (Under Ind. Code § 5-2-9-6 (b) (3))

Date of service: _____

Time of service: _____ a.m. or p.m.

Person served:

- ____ Respondent/Defendant
- ____ Other person (Insert name) _____

Location served:

Service occurred at the following location (insert street address, city, county of service):

Served by: (Insert name and identification or badge number)

Manner of service:

- ____ Personal service to Respondent/Defendant
- ____ Served on the Respondent/Defendant in open court
- ____ Certified mail to Respondent/Defendant
- ____ Leaving a copy at last known address of Respondent/Defendant and mailing a copy U.S. mail first class to the Respondent/Defendant's last known address
- ____ Other _____

This document was delivered to:

____ Sheriff (s) _____

____ Law enforcement agency (s) _____

Date

Clerk/Deputy Clerk