

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