

# Quick Start on Your Forms

**Your Name:**

**Your Address & Contact Info:**

Street

City

State

Zip

Phone



Email

**Name of Person You Want Protection From:**

**Who Else Needs Protection?**     *(This packet includes up to 3 others)*

Other Person #1

Other Person #2

Other Person #3

Name

Name

Name



Sex

Sex

Sex

Age

Age

Age

Lives with you?    Yes    No

Lives with you?    Yes    No

Lives with you?    Yes    No

DOB (if known)

DOB (if known)

DOB (if known)

Race

Race

Race

Relationship to you

Relationship to you

Relationship to you

*(examples of relationships: child, brother, friend, mother, roommate, etc.)*

**California Law Enforcement Telecommunications System (CLETS)  
Information Form**

- This form is submitted with the initial filing (date): \_\_\_\_\_
- This is an amended form (date): \_\_\_\_\_

**Important: This form MUST NOT become part of the public court file. It is confidential and private.**

Fill out as much of this form as you can and give it to the court clerk. If the court issues a restraining order, this form will provide law enforcement with information that will help them enforce it. If any of this information changes, fill out a new (amended) form.

<b>Case Number (if you know it):</b> _____
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**1 Person to Be Protected (Name):** \_\_\_\_\_

Sex:  M  F Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Race: \_\_\_\_\_

Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mailing Address (listed on restraining order): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone (optional): \_\_\_\_\_

Vehicle (Type, Model, Year): \_\_\_\_\_ (License Number and State): \_\_\_\_\_

**2 Person to Be Restrained (Name):** \_\_\_\_\_

Sex:  M  F Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Race: \_\_\_\_\_

Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Residence Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

Employer: \_\_\_\_\_

Occupation/Title: \_\_\_\_\_ Work Hours: \_\_\_\_\_

Driver's License Number and State: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Vehicle (Type, Model, Year): \_\_\_\_\_ (License Number and State): \_\_\_\_\_

Describe any marks, scars, or tattoos: \_\_\_\_\_

Other names used by the restrained person: \_\_\_\_\_

**3 Guns or Firearms** Describe any guns or firearms that you believe the person in **2** owns or has access to (Number, types, and locations):

\_\_\_\_\_

\_\_\_\_\_

**4 Other People to Be Protected**

<u>Name</u>	<u>Date of Birth</u>	<u>Sex</u>	<u>Race</u>	<u>Relation to Person in 1</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Additional persons to be protected are listed on Attachment 4.

**This is not a Court Order—Do not place in court file.**

SHORT TITLE:  	CASE NUMBER:  
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ATTACHMENT (Number): CLETS-001 (ATTACHMENT 4)

*(This Attachment may be used with any Judicial Council form.)*

OTHER PEOPLE TO BE PROTECTED:

NAME:

DATE OF BIRTH:

SEX:

RACE:

RELATIONSHIP TO PERSON IN 1:

*(If the item that this Attachment concerns is made under penalty of perjury, all statements in this Attachment are made under penalty of perjury.)*

Page \_\_\_\_\_ of \_\_\_\_\_

*(Add pages as required)*

Request for Domestic Violence Restraining Order

Clerk stamps date here when form is filed.

You must also complete form CLETS-001, Confidential CLETS Information, and give it to the clerk when you file this Request.

1 Name of Person Asking for Protection:

Age: \_\_\_\_\_

Your lawyer in this case (if you have one):

Name: \_\_\_\_\_ State Bar No.: \_\_\_\_\_

Firm Name: \_\_\_\_\_

Address (If you have a lawyer for this case, give your lawyer's information. If you do not have a lawyer and want to keep your home address private, give a different mailing address instead. You do not have to give your telephone, fax, or e-mail.):

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Fill in court name and street address:

Superior Court of California, County of \_\_\_\_\_

Court fills in case number when form is filed.

Case Number: \_\_\_\_\_

2 Name of Person You Want Protection From:

Description of person you want protection from:

Sex: [ ] M [ ] F Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_
Race: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_
Address (if known): \_\_\_\_\_
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

3 Do you want an order to protect family or household members? [ ] Yes [ ] No

If yes, list them:

Table with 5 columns: Full name, Sex, Age, Lives with you?, Relationship to you. Includes checkboxes for Yes/No.

[ ] Check here if you need more space. Attach a sheet of paper and write "DV-100, Protected People" for a title.

4 What is your relationship to the person in (2)? (Check all that apply):

- a. [ ] We are now married or registered domestic partners.
b. [ ] We used to be married or registered domestic partners.
c. [ ] We live together.
d. [ ] We used to live together.
e. [ ] We are related by blood, marriage, or adoption (specify relationship):
f. [ ] We are dating or used to date, or we are or used to be engaged to be married.
g. [ ] We are the parents together of a child or children under 18:

If you do not have one of these relationships, the court may not be able to consider your request. Read form DV-500-INFO for help.

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_
Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_
Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

[ ] Check here if you need more space. Attach a sheet of paper and write "DV-100, Additional Children" for a title.

- h. [ ] We have signed a Voluntary Declaration of Paternity for our child or children. (Attach a copy if you have one).

This is not a Court Order.



**5 Other Restraining Orders and Court Cases**

- a. Are there any restraining/protective orders currently in place OR that have expired in the last six months (emergency protective orders, criminal, juvenile, family)?  
 No  Yes (*date of order*): \_\_\_\_\_ and (*expiration date*): \_\_\_\_\_ (*Attach a copy if you have one*).

- b. Have you or any other person named in (3) been involved in another court case with the person in (2)?  
 No  Yes *If yes, check each kind of case and indicate where and when each was filed:*

Kind of Case	County or Tribe Where Filed	Year Filed	Case Number (if known)
<input type="checkbox"/> Divorce, Nullity, Legal Separation	_____	_____	_____
<input type="checkbox"/> Civil Harassment	_____	_____	_____
<input type="checkbox"/> Domestic Violence	_____	_____	_____
<input type="checkbox"/> Criminal	_____	_____	_____
<input type="checkbox"/> Juvenile, Dependency, Guardianship	_____	_____	_____
<input type="checkbox"/> Child Support	_____	_____	_____
<input type="checkbox"/> Parentage, Paternity	_____	_____	_____
<input type="checkbox"/> Other ( <i>specify</i> ): _____	_____	_____	_____
<input type="checkbox"/> <i>Check here if you need more space. Attach a sheet of paper and write "DV-100, Other Court Cases" for a title.</i>			

**Check the orders you want.**

**6  Personal Conduct Orders**

I ask the court to order the person in (2) not to do the following things to me or anyone listed in (3):

- a.  Harass, attack, strike, threaten, assault (sexually or otherwise), hit, follow, stalk, molest, destroy personal property, disturb the peace, keep under surveillance, impersonate (on the Internet, electronically or otherwise), or block movements
- b.  Contact, either directly or indirectly, in any way, including but not limited to, by telephone, mail or e-mail or other electronic means

*The person in (2) will be ordered not to take any action to get the addresses or locations of any protected person unless the court finds good cause not to make the order.*

**7  Stay-Away Order**

a. I ask the court to order the person in (2) to stay at least \_\_\_\_\_ yards away from (*check all that apply*):

- Me  My school
- My home  Each person listed in (3)
- My job or workplace  The child(ren)'s school or child care
- My vehicle  Other (*specify*): \_\_\_\_\_

- b. If the person listed in (2) is ordered to stay away from all the places listed above, will he or she still be able to get to his or her home, school, job, workplace, or vehicle?  Yes  No (*If no, explain*):

\_\_\_\_\_

**8  Move-Out Order**

*(If the person in (2) lives with you and you want that person to stay away from your home, you must ask for this move-out order.)*

I ask the court to order the person in (2) to move out from and not return to (*address*):

\_\_\_\_\_

I have the right to live at the above address because (*explain*):

\_\_\_\_\_

**This is not a Court Order.**









**27 Describe Abuse (continued)**

Has the person in 2 abused you (or your child(ren)) other times?

b. Date of abuse: \_\_\_\_\_

1. Who was there? \_\_\_\_\_

2. Describe how the person in 2 abused you or your child(ren):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**?**  Check here if you need more space. Attach a sheet of paper and write "DV-100, Recent Abuse" for a title.

3. Did the person in 2 use or threaten to use a gun or any other weapon?  No  Yes (If yes, describe):

4. Describe any injuries: \_\_\_\_\_  
\_\_\_\_\_

5. Did the police come?  No  Yes

If yes, did they give you or the person in 2 an Emergency Protective Order?

Yes  No  I don't know Attach a copy if you have one.

The order protects  you or  the person in 2

If the person in 2 abused you other times, check here **?**  and use [Form DV-101](#), Description of Abuse or describe any previous abuse on an attached sheet of paper and write "DV-100, Previous Abuse" for a title.

**28 Other Persons to Be Protected**

The persons listed in item 3 need an order for protection because (describe): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**29** Number of pages attached to this form, if any: \_\_\_\_\_ **?**

I declare under penalty of perjury under the laws of the State of California that the information above is true and correct.

Date: \_\_\_\_\_

\_\_\_\_\_  
Type or print your name

\_\_\_\_\_  
Sign your name

Date: \_\_\_\_\_

\_\_\_\_\_  
Lawyer's name, if you have one

\_\_\_\_\_  
Lawyer's signature

**This is not a Court Order.**

SHORT TITLE:  	CASE NUMBER:  
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**ATTACHMENT (Number):** DV-100, RECENT ABUSE

*(This Attachment may be used with any Judicial Council form.)*

This is a continuation page for the DV-100 regarding a description of abuse

Event date:

Event date:

*(If the item that this Attachment concerns is made under penalty of perjury, all statements in this Attachment are made under penalty of perjury.)*

Page \_\_\_\_\_ of \_\_\_\_\_

*(Add pages as required)*





Clerk stamps date here when form is filed.

Person in ① must complete items ①, ②, and ③ only.

**① Name of Protected Person:**

Your lawyer in this case (if you have one):

Name: \_\_\_\_\_ State Bar No.: \_\_\_\_\_

Firm Name: \_\_\_\_\_

**Address** (If you have a lawyer for this case, give your lawyer's information. If you do not have a lawyer and want to keep your home address private, give a different mailing address instead. You do not have to give your telephone, fax, or e-mail.):

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Fill in court name and street address:

**Superior Court of California, County of**

Court fills in case number when form is filed.

**Case Number:**

**② Name of Restrained Person:**

Description of restrained person:

Sex:  M  F Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Race: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address (if known): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Relationship to protected person: \_\_\_\_\_

**③  Additional Protected Persons**

In addition to the person named in ①, the following persons are protected by temporary orders as indicated in items ⑥ and ⑦ (family or household members):

<u>Full name</u>	<u>Relationship to person in ①</u>	<u>Sex</u>	<u>Age</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Check here if there are additional protected persons. List them on an attached sheet of paper and write, "DV-110, Additional Protected Persons" as a title.

The court will complete the rest of this form.

**④ Court Hearing**

This order expires at the end of the hearing stated below:

Hearing Date: \_\_\_\_\_ Time: \_\_\_\_\_  a.m.  p.m.

**This is a Court Order.**



- 5  **Criminal Protective Order**
- a.  A criminal protective order on form CR-160, *Criminal Protective Order—Domestic Violence*, is in effect.  
Case Number: \_\_\_\_\_ County: \_\_\_\_\_ Expiration Date: \_\_\_\_\_
- b.  No information has been provided to the judge about a criminal protective order.

**To the person in 2**

The court has granted the temporary orders checked below. If you do not obey these orders, you can be arrested and charged with a crime. You may be sent to jail for up to one year, pay a fine of up to \$1,000, or both.

- 6 **Personal Conduct Orders**  Not requested  Denied until the hearing  Granted as follows:
- a. You must **not** do the following things to the person in 1 and  persons in 3:
- Harass, attack, strike, threaten, assault (*sexually or otherwise*), hit, follow, stalk, molest, destroy personal property, disturb the peace, keep under surveillance, impersonate (*on the Internet, electronically or otherwise*), or block movements
  - Contact, either directly or indirectly, in any way, including but not limited to, by telephone, mail, e-mail or other electronic means
  - Take any action, directly or through others, to obtain the addresses or locations of the persons in 1 and 3.  
(If this item is not checked, the court has found good cause not to make this order.)
- b. Peaceful written contact through a lawyer or process server or another person for service of [Form DV-120](#) (*Response to Request for Domestic Violence Restraining Order*) or other legal papers related to a court case is allowed and does not violate this order.
- c.  Exceptions: Brief and peaceful contact with the person in 1, and peaceful contact with children in 3, as required for court-ordered visitation of children, is allowed unless a criminal protective order says otherwise.

- 7 **Stay-Away Order**  Not requested  Denied until the hearing  Granted as follows:
- a. You **must** stay at least (*specify*): \_\_\_\_\_ yards away from (*check all that apply*):
- The person in 1
  - Home of person in 1
  - The job or workplace of person in 1
  - Vehicle of person in 1
  - School of person in 1
  - The persons in 3
  - The child(ren)'s school or child care
  - Other (*specify*): \_\_\_\_\_
- b.  Exceptions: Brief and peaceful contact with the person in 1, and peaceful contact with children in 3, as required for court-ordered visitation of children, is allowed unless a criminal protective order says otherwise.

- 8 **Move-Out Order**  Not requested  Denied until the hearing  Granted as follows:
- You must take only personal clothing and belongings needed until the hearing and move out immediately from (*address*): \_\_\_\_\_

**This is a Court Order.**













Clerk stamps date here when form is filed.

Empty box for clerk stamping date.

**1 Name of Person Asking for Order:**

\_\_\_\_\_

Your lawyer in this case (if you have one):

Name: \_\_\_\_\_ State Bar No.: \_\_\_\_\_

Firm Name: \_\_\_\_\_

**Address** (If you have a lawyer for this case, give your lawyer's information. If you do not have a lawyer and want to keep your home address private, give a different mailing address instead. You do not have to give your telephone, fax, or e-mail.)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Fill in court name and street address:

**Superior Court of California, County of**  
\_\_\_\_\_  
\_\_\_\_\_

**2 Name of Person to Be Restrained:**

\_\_\_\_\_

*The court will fill out the rest of this form.*

Court fills in case number when form is filed.

**Case Number:**  
\_\_\_\_\_

**3 Notice of Hearing**

**A court hearing is scheduled on the request for restraining orders against the person in 2:**

<b>Hearing Date</b>	→ Date: _____	Time: _____	Name and address of court if different from above: _____
	Dept.: _____	Room: _____	_____
			_____

**4 Temporary Restraining Orders (Any orders granted are attached on form DV-110.)**

a. Temporary Restraining Orders for personal conduct and stay-away orders as requested in form DV-100, *Request for Domestic Violence Restraining Order*, are (check only one box below):

- (1)  All **GRANTED** until the court hearing.
- (2)  All **DENIED** until the court hearing. (Specify reasons for denial in b, below.)
- (3)  Partly **GRANTED** and partly **DENIED** until the court hearing. (Specify reasons for denial in b, below.)

b. Reasons for denial of some or all of those personal conduct and stay-away orders as requested in form DV-100, *Request for Domestic Violence Restraining Order*, are:

- (1)  The facts as stated in form DV-100 do not show reasonable proof of a past act or acts of abuse. (Family Code, §§ 6320 and 6320.5.)
- (2)  The facts do not describe in sufficient detail the most recent incidents of abuse, such as what happened, the dates, who did what to whom, or any injuries or history of abuse.
- (3)  Further explanation of reason for denial, or reason not listed above:  
\_\_\_\_\_  
\_\_\_\_\_







Restraining Order After Hearing (Order of Protection)

Clerk stamps date here when form is filed.

Original Order Amended Order

1 Name of Protected Person:

Your lawyer in this case (if you have one):

Name: State Bar No.:

Firm Name:

Address (If you have a lawyer for this case, give your lawyer's information. If you do not have a lawyer and want to keep your home address private, give a different mailing address instead. You do not have to give your telephone, fax, or e-mail.):

Address:

City: State: Zip:

Telephone: Fax:

E-Mail Address:

Fill in court name and street address:

Superior Court of California, County of

Clerk fills in case number when form is filed.

Case Number:

2 Name of Restrained Person:

Description of restrained person:

Sex: M F Height: Weight: Hair Color: Eye Color:

Race: Age: Date of Birth:

Mailing Address (if known):

City: State: Zip:

Relationship to protected person:

3 Additional Protected Persons

In addition to the person named in 1, the following persons are protected by orders as indicated in items 6 and 7 (family or household members):

Table with columns: Full name, Relationship to person in 1, Sex, Age

Check here if there are additional protected persons. List them on an attached sheet of paper and write, "DV-130, Additional Protected Persons," as a title.

4 Expiration Date

The orders, except as noted below, end on

(date): at (time): a.m. p.m. or midnight

- If no date is written, the restraining order ends three years after the date of the hearing in item 5(a).
If no time is written, the restraining order ends at midnight on the expiration date.
Note: Custody, visitation, child support, and spousal support orders remain in effect after the restraining order ends.
The court orders are on pages 2, 3, 4, and 5 and attachment pages (if any).

This order complies with VAWA and shall be enforced throughout the United States. See page 5.

This is a Court Order.

















Clerk stamps date here when form is filed.

**1 Name of Party Asking for Protection:**

**2 Name of Party to Be Restrained:**

**3 Notice to Server**

The server must:

- Be 18 years of age or older.
- Not be listed in items **1** or **3** of form DV-100, *Request for Domestic Violence Restraining Order*.
- Give a copy of all documents checked in **4** to the restrained party in **2** (you cannot send them by mail). Then complete and sign this form, and give or mail it to the party in **1**.



Fill in court name and street address:

**Superior Court of California, County of**

Court clerk fills in case number when form is filed.

**Case Number:**

**4** I gave the party in **2** a copy of all the documents checked:

- a.  DV-109 with DV-100 and a blank [DV-120](#) (*Notice of Court Hearing; Request for Domestic Violence Restraining Order; blank Response to Request for Domestic Violence Restraining Order*)
- b.  DV-110 (*Temporary Restraining Order*)
- c.  DV-105 and DV-140 (*Request for Child Custody and Visitation Orders, Child Custody and Visitation Order*)
- d.  FL-150 with a blank [FL-150](#) (*Income and Expense Declaration*)
- e.  FL-155 with a blank [FL-155](#) (*Financial Statement (Simplified)*)
- f.  DV-115 (*Request to Continue Hearing*)
- g.  DV-116 (*Order on Request to Continue Hearing*)
- h.  DV-130 (*Restraining Order After Hearing*)
- i.  Other (*specify*):

**5** I personally gave copies of the documents checked above to the party in **2** on:

- a. Date: \_\_\_\_\_ b. Time: \_\_\_\_\_  a.m.  p.m.
- c. At this address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**6 Server's Information**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
*(If you are a registered process server):*  
 County of registration: \_\_\_\_\_ Registration number: \_\_\_\_\_

**7** I declare under penalty of perjury under the laws of the State of California that the information above is true and correct.

Date: \_\_\_\_\_

\_\_\_\_\_  
*Type or print server's name*

\_\_\_\_\_  
*Server to sign here*