

ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name, state bar number, and address):</i> ADDRESS WHERE YOU WANT MAIL SENT: TELEPHONE NO. <i>(Optional):</i> _____ FAX NO. <i>(Optional):</i> _____ E-MAIL ADDRESS <i>(Optional):</i> _____ ATTORNEY FOR <i>(Name):</i> _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PERSON SEEKING ORDER: PERSON TO BE RESTRAINED:	
APPLICATION AND DECLARATION FOR ORDER (Domestic Violence Prevention)	CASE NUMBER: _____

Read the Instructions for Obtaining Orders Prohibiting Domestic Violence before completing this form. This form must be completed and filed with an Order to Show Cause and Temporary Restraining Order (CLETS) (form DV-110).

1. PERSONS TO BE PROTECTED

<u>Name</u>	<u>Age</u>	<u>Relationship to person seeking order</u>
		Myself

2. PERSON TO BE RESTRAINED *(Name):* _____

Sex: M F Ht.: ____ Wt.: ____ Hair Color: ____ Eye Color: ____ Race: ____ Age: ____ Date of Birth: _____

3. I have been involved in other court actions with the person to be restrained in which restraining orders were issued. *(If known, please specify case numbers and county or other state, United States territory, military tribunal, tribal court, or the District of Columbia and attach copies of orders):*

4. I am applying for a restraining order, and the person to be restrained and I *(check at least one box):*

- a. were married on *(date):* _____ and a dissolution, legal separation, or annulment proceeding
 - (1) has not been filed.
 - (2) has been filed *(If known, specify case number and county):*
- b. were formerly married to each other. *(Specify state, county, and date of dissolution):*
- c. are related to each other by blood, marriage, or adoption. *(Specify relationship):*
- d. live together.
- e. formerly lived together.
- f. have had a dating or engagement relationship.
- g. are parents of a minor child together.
- h. are parents of a minor child together and an action to establish paternity has been or is being filed. *(If known, specify case number and county):*
- i. are parents of a minor child together and a governmental action to establish or modify child support has been or is being filed. *(If known, specify case number and county):*
- j. are parents of a minor child together and have signed a Voluntary Declaration of Paternity form regarding the child.

(THIS IS NOT AN ORDER)

(Continued on reverse)



PERSON SEEKING ORDER (name): PERSON TO BE RESTRAINED (name):	CASE NUMBER:
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5. The person to be restrained has (check at least one box):
- a. assaulted or attempted to assault me or another member of my household.
 - b. caused, threatened, or attempted bodily injury to me or another member of my household.
 - c. made me or another member of my household afraid of physical or emotional harm.
 - d. sexually assaulted or attempted to sexually assault me or another member of my household.
 - e. stalked me.
 - f. other (describe in item 20).

6. a. The person to be restrained and I (you must check (1) or (2) below):
- (1) have no minor children together.
 - (2) have minor children together.

Child's name

Birth date

(3) A juvenile dependency petition has been filed. (If known, specify case numbers):

- b. If you are seeking an order regarding custody or visitation of your children, you must attach a **Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA)** (form MC-150) and a **Child Custody, Visitation, and Support Attachment to Application and Declaration for Order (Domestic Violence Prevention)** (form DV-100A).

I REQUEST THE COURT TO MAKE THE ORDERS INDICATED BY THE CHECK MARKS IN THE BOXES BELOW.

7. **PERSONAL CONDUCT ORDER** **To be ordered now and effective until the hearing.**
 Restrained person must not contact, molest, harass, attack, strike, threaten, sexually assault, batter, telephone, send any messages to, follow, stalk, destroy my personal property, disturb my peace, keep me under surveillance, or block my movements in public places or thoroughfares
 and that of the other protected persons listed in item 1.

8. **RESIDENCE EXCLUSION ORDER** **To be ordered now and effective until the hearing.**
 Restrained person must immediately move from and must not return to (address):

 and may take only personal clothing and effects needed until the hearing.
 I am entitled to live at the address above because (specify facts):

9. **STAY-AWAY ORDER** **To be ordered now and effective until the hearing.**
 Restrained person must stay at least (specify): _____ yards away from the following persons and places:
 (The addresses are optional and you do not have to provide them.)
- a. Myself
 - b. The other protected persons listed in item 1
 - c. My residence (address optional):
 - d. My place of work (address optional):
 - e. The children's school or place of child care (address optional):
 - f. My vehicle (year, make, model, color, and license plate number are optional):
 - g. Other (specify):

10. If the restrained person is ordered to stay away from all the places requested in item 9, will the restrained person still be able to get to his or her residence, school, place of employment, or place of worship? Yes No (If no, explain):

(THIS IS NOT AN ORDER)

(Continued on page three)

PERSON SEEKING ORDER (name): _____ PERSON TO BE RESTRAINED (name): _____	CASE NUMBER:
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11. FIREARM RELINQUISHMENT (to be ordered now and effective until the hearing)

I request that the restrained person sell or give up any firearms that he or she has or controls for a period not to exceed the duration of the restraining order. (Please describe any use of or threat regarding use of firearms in item 20.)

12. **RECORDING OF PROHIBITED COMMUNICATIONS** **To be ordered now and effective until the hearing.**

I request the right to record any prohibited communications made to me by the restrained person.

13. **PROPERTY CONTROL** **To be ordered now and effective until the hearing.**

a. I request that I be given the exclusive temporary use, possession, and control of the following property we own or are buying (specify):

b. I request that the restrained person be ordered to make the following payments on debts due while the order is in effect:

<u>Debt/Bill</u>	<u>Amount of payment</u>	<u>Pay to</u>

c. This order is necessary because (specify):

d. I am married to the restrained person and request that he or she be restrained from transferring, borrowing against, selling, hiding, or in any way disposing of any real or personal property, whether community, quasi-community, or separate, except in the usual course of business or for necessities of life. I further request that the restrained person notify me of any proposed extraordinary expenditures and to account to the court for all extraordinary expenditures.

14. **ATTORNEY FEES AND COSTS**

I request that my attorney fees and costs be paid by the restrained person as follows (to be awarded attorney fees and costs, you must attach a completed *Income and Expense Declaration* [forms 1285.50, 1285.50a, 1285.50b, and 1285.50c]):

15. **RESTITUTION**

I request that the restrained person be ordered to pay the following lost earnings and other actual expenses or costs of services caused directly by the conduct alleged in this application, including but not limited to expenses for medical care and temporary housing:

<u>Type of loss</u>	<u>Pay to</u>	<u>Amount of claim</u>	<u>Due date</u>

16. **BATTERER'S TREATMENT**

I request that the restrained person participate in a certified batterer's program.

17. **LAW ENFORCEMENT**

I request that copies of orders be given to the following law enforcement agencies:

<u>Law enforcement agency</u>	<u>Address</u>

(THIS IS NOT AN ORDER)

(Continued on reverse)

PERSON SEEKING ORDER (name):	CASE NUMBER:
PERSON TO BE RESTRAINED (name):	

18. I request a court order waiving the fees payable to a law enforcement agency for serving restraining orders on the restrained person. (If you wish to ask the court to waive the fees payable to law enforcement, you must complete and file with this application an Application for Waiver of Court Fees and Costs [form 982(a)(17)].)

19. I request that time for service of the **Order to Show Cause** and accompanying papers be shortened so that they may be served no less than (specify number): _____ days before the date set for the hearing. I need this process shortened because of the facts contained in this application. (Add additional facts if necessary):

20. **DESCRIPTION OF CONDUCT**
Describe in detail the most recent incidents of abuse. List each incident separately by date. Describe the incident, including who did what to whom, whether any firearms or other weapons were used or threatened, and any injuries. Describe any history of abuse.
 Continued on Attachment 20.

21. **OTHER ORDERS** (specify other orders you request to help carry out the orders previously requested):

PLEASE NOTE THAT ALL ORDERS ISSUED BY THE COURT, AS WELL AS THIS APPLICATION AND DECLARATION, MUST BE PERSONALLY SERVED ON THE RESTRAINED PERSON. NO PERSON TO BE PROTECTED, INCLUDING YOURSELF, MAY PERSONALLY SERVE THE ORDER.

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

Date:

 (TYPE OR PRINT NAME) ▶ _____
 (SIGNATURE OF PARTY SEEKING RESTRAINING ORDER)

(THIS IS NOT AN ORDER)