

SAMPLE

Dissolution/Legal Separation/Nulity +
Domestic Violence Protection Act forms
(Restraining Order)

With Children

(optional Spousal Support)

Updated 5/15/2024

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state) Your Name [Your Legal Name] Your Mail [Your Address] City, State [Your Address]		***IMPORTANT: Your contact information will be seen by the Restrained Person so use a SAFE mailing address. It cannot be left blank. You do not need to provide a phone number or email address.***
TELEPHONE NO.: E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name): Self Represented		
SUPERIOR COURT OF CALIFORNIA STREET ADDRESS: 201 N. F MAILING ADDRESS: 191 N. F CITY AND ZIP CODE: BRANCH NAME: Family Justice Center Courthouse		STAFF WILL STAMP ADDRESS HERE 13 13
PETITIONER: [Your Legal Name] RESPONDENT: [Restrained Person's Legal Name]		CASE NUMBER: LEAVE BLANK The Clerk will fill this in.
DECLARATION IN SUPPORT OF EX PARTE APPLICATION FOR ORDERS		DEPARTMENT NUMBER: FCS NUMBER:

I, the undersigned, declare:

- I am (choose one):
 - a. attorney for Petitioner attorney for Respondent attorney for child(ren)
 - b. self-represented Petitioner self-represented Respondent
 - c. other (explain):
- ~~The opposing party or minor children is represented by an attorney:~~ Yes No
 (If the Restrained Person has an attorney, put the attorney's info here. **OR** If the Restrained Person does not have an attorney, put the Restrained Person's info here instead.)
- Address/Telephone number: _____
 Child's attorney name and address: _____
- OTHER CASES:** Have the parties to this case been in another Family, Probate, Juvenile, or Criminal Court Case? Yes No If the answer is Yes, fill in the case number: _____
- OTHER APPLICATIONS:** For another party, I have have have not made previous application(s) on the same issue. Orders were granted denied
- NOTICE**
 a. **I HAVE given notice to all opposing parties and/or their attorney by the following method:**
 Personal delivery Fax Overnight Carrier First Class Mail Other: _____
 Date: _____
 I have received notice of this application (check one below)
 In person/te _____
 Written conf _____
 b. **I ask the Court to grant the space provided to give facts that support my request for a Violence Prevention Order.**
 This is an application for a Violence Prevention Order.
 This application is for a _____
 Giving notice to _____
 Giving notice to _____ children who may be affected by the _____
 Giving notice to _____ subject to disposition
 Giving notice to _____ matter that is the subject of the case;
 The parties to this case are _____ of the request for emergency orders. Provide documentation of this agreement, and/or,

LEAVE THIS SECTION BLANK

PETITIONER:	<input type="text" value="Your Legal Name"/>	CASE NUMBER
RESPONDENT:	<input type="text" value="Your Spouse's Legal Name"/>	<input type="text" value="LEAVE BLANK
The Clerk will fill this in."/>

The party made reasonable and good faith efforts to give notice to the other party, and further efforts to give notice would probably be futile or unduly burdensome (describe those efforts in detail below).

Other: _____

c. Further Explanation for Asking the Court NOT to Require Notice:

Additional pages are attached. Total number of attached pages:

Provide detailed factual explanation of any box checked under Paragraph 5.b. above. If you do not have enough room, attach additional pages or a separate sworn declaration of good cause:

No further explanation is required.
 This is an application for a
 Domestic Violence Prevention Act
 (DVPA) Restraining Order.

I declare under penalty of perjury that the foregoing and any statement on attached pages are true and correct.

Date

Print Name

Signature of Declarant

PETITIONER:	Your Legal Name	CASE NUMBER
RESPONDENT:	Your Spouse's Legal Name	LEAVE BLANK The Clerk will fill this in.

INSTRUCTIONS

For more information please refer to Superior Court of California, County of Santa Clara Local Rules 5 A & B and California State Rules, Rules 5.151, 5.165, 5.167, and 5.170.

This form is required in Santa Clara County, if you are asking the Judge to make immediate orders (also known as emergency or ex parte orders) without the other party being present for a hearing. This form must be completed in any case where ex parte orders or emergency orders are requested. If you are required to give notice, notice must be given before 10:00 a.m. on the court day before the Judge reviews the application, or the application will be delayed another 24 hours. Notice means providing the other side of the case, either all other attorneys or any self-represented party, with copies of any papers that you want the Judge to review and any orders that you are requesting. If you have given notice to the other side of your case, you must state the form of notice given. If you ask the Court to not require notice, you must explain why. Sometimes notice is not required, such as cases involving allegations of domestic violence or where the safety of a party or a child might be at risk if notice is given. It is up to the Judge in your case to determine whether notice will be required or not.

SECTION #1

State whether you are the Petitioner or the Respondent in the case. Once a case is filed, the parties keep the same status in the case. You do not change from the Respondent to the Petitioner by filing a new motion in the case. If you do not have an attorney, you are considered self-represented.

SECTION #2

If any other party is represented by an attorney, you must provide the Court with the attorney's name and address. If the other party is not represented by an attorney, you must provide the Court with the other party's address.

SECTION #3

It is very important to list all other cases in which you and the other party have been involved with the courts. This would include other Family Law, Probate, Juvenile, Restraining Order, Child Support, Civil, or Criminal matters. If you do not have the case number, please put "unknown" and list the county and the year of the filing, if possible.

SECTION #5a.

Unless notice is excused by the Court, you must provide notice of this application to all other parties and attorneys before you deliver a copy to the Court. When you give such notice, specify how you did it (by fax, courier, or personally, for example), who received it and at what time and on which date. Also, please explain how you know that the other side received copies of your papers and what response you were given.

SECTION #5c.

If you believe that you should not be required to give notice of this application and are asking the Court not to require notice, explain why in this section. Check as many boxes as apply. You may also write out any further explanation of your reasons for not giving notice or provide a separate declaration.

After this form is completed, attach it to your application or motion and submit them to the Court Specialist's Office at the Family Court Facility where you are dropping off your paperwork for review.

Clerk stamps date here when form is filed.

Instruction: The person asking for a restraining order must complete items ① and ②. The court will complete the rest of this form.

① Person Asking for Protection

Name: **Your name** (Write it the same way on all your

② Person to Be Restrained

Name: **Restrained Person's name**
(Write it the same way on all your forms)

Fill in court name and street address:

Superior Court of California, County of Santa Clara
Street: 201 N. First St., San Jose, CA 95113
Mail: 191 N. First St., San Jose, CA 95113

Court fills in case number when form is filed.

COURT CASE #'s Only
Do NOT use police card/report #'s

③ Notice of Hearing

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

Name and address of court if different from above:



Leave blank, clerk will fill out this section.

You may attend your court date remotely, such as by phone or videoconference. For more information, go to the court's website for the county listed above. To find the court's website, go to: www.courts.ca.gov/find-my-court.htm.

To the person in ②:

- If you attend the hearing (in person, by phone, or by videoconference) and the judge grants a restraining order against you, the order will be effective immediately, and you could be arrested if you violate the order.
- If you do not attend the hearing, the judge will make a decision based on the information provided. After you receive the court's decision, you will receive a copy of the court's order.

Leave blank, the Judge will fill this section out letting you know whether the court granted, partially granted or denied your Temporary Restraining Order Request.

④ Temporary Restraining Order Request

- a. Temporary Restraining Order Request
- (1) All day
- (2) All day
- (3) Part of the day



Case Number:

**COURT CASE #'s Only
Do NOT use police card/report #'s**

4 b. Reason

(1)

(2)

(3)

LEAVE BLANK

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5 **Confidential**

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6 **Service of Documents by the Person in 1**

At least five _____ days before the hearing, someone age 18 or older—not you or anyone to be protected—must personally give (serve) a court file-stamped copy of this form (DV-109, *Notice of Court Hearing*) to the person in 2 along with a copy of all the forms indicated below:

- a. DV-100, *Request for Domestic Violence Restraining Order* (file-stamped)
- b. DV-110, *Temporary Restraining Order* (file-stamped), **if granted**
- c. DV-120, *Response to Request for Domestic Violence Restraining Order* (blank form)
- d. DV-120-INFO, *How Can I Respond to a Request for Domestic Violence Restraining Order?*
- e. DV-170, *Notice of Order Protecting Information of Minor*, and DV-165, *Order on Request to Keep Minor's Information Confidential* (file-stamped), **if granted**
Local form FM-1013 Decl. in Support of Ex Parte Application; Local form FM-1047 How to
- f. Other (specify): Safely Turn in Firearms and Ammunition, DV-800, DV-800-INFO, FL-150, DV-140, DV-145, DV-105, DV-108

Judge's Signature

Date: Leave Blank

Leave Blank

Judicial Officer



To the Person in ①:

- **At the hearing:** The judge will decide if a restraining order is needed to keep you or your children safe. If the judge grants you a restraining order at the hearing, it can last up to five years. You must attend the hearing if you want the judge to make any of the orders you requested on form DV-100. Bring any evidence or witnesses you have. For more information, read [form DV-520-INFO](#), *Get Ready for Your Restraining Order Court Hearing*.
- **Option to cancel hearing:** If item ④ a(2) or ④ a(3) is checked, you have the option of canceling the hearing. If you cancel the hearing, your request for restraining order will not move forward. Any temporary orders made will expire on the day of the hearing. If you want to cancel the hearing, use [form DV-112](#), *Waiver of Hearing on Denied Request for Temporary Restraining Order*.
- **Before the hearing:** You must have someone personally serve (give) the person in ② a copy of all the papers listed in ⑥ by the deadline listed in ⑥. For more information, read form DV-200-INFO, *What Is "Proof of Personal Service"?* You may ask to reschedule the hearing if you are unable to serve the person in ② and need more time to serve the documents, or for other good reasons. Read [form DV-115-INFO](#), *How to Ask for a New Hearing Date*.

To the Person in ②:

- **Respond in writing (optional):** You can respond in writing by completing form DV-120, *Response to Request for Domestic Violence Restraining Order*. For more information, read [form DV-120-INFO](#), *How Can I Respond to a Request for Domestic Violence Restraining Order?*
- **At the hearing:** Whether or not you respond in writing, attend the hearing if you want the judge to hear from you before making an order. At the hearing, tell the judge why you agree or disagree with the orders requested. Bring any evidence or witnesses you have. Read [form DV-520-INFO](#), *Get Ready for Your Restraining Order Court Hearing*.
- If you are unable to attend your court hearing or need more time to prepare your case, you may ask the judge to reschedule your court date. Read [form DV-115-INFO](#), *How to Ask for a New Hearing Date*.



Request for Accommodations

Assistive listening systems, computer-assisted real-time captioning, or sign language interpreter services are available if you ask at least five days before the hearing. Contact the clerk's office or go to www.courts.ca.gov/forms for *Disability Accommodation Request* (form MC-410). (Civil Code section 54.8.)

(Clerk will fill out this part.)

Clerk's Certificate

[seal]

—Clerk's Certificate—

I certify that this *Notice of Court Hearing* is a true and correct copy of the original on file in the court.

Date: Leave Blank Clerk, by Leave Blank, Deputy

Clerk stamps date here when form is filed.

Original Order **Amended Order**

Instruction: The person asking for a restraining order must complete **①**, **②**, and **③** only. The court will complete the rest of this form.

① Protected Person **Your name** (Write it the same way on all your forms)

② Restrained Person

***Full Name:** **Name of person you want restrained**
 (Write it the same way on all your forms)

***Gender:** _____

***Age:** _____ (e.g., 18, 21, 30)

Height: _____

Hair Color: _____

Relationship to person in **①**: Parties have a minor child(ren) together and are married or registered domestic partners _____

Address of restrained person: _____

City: _____ State: _____ Zip: _____

Firearms, firearm parts, or ammunition that restrained person may have:
 (Include information from form DV-100, item 9)

(Information that has a star (*) next to it is required to add this order into a California police database. Give all the information you know.)

Fill in the rest of this section about the person you want restrained.

Fill in court name and street address:

Superior Court of California, County of Santa Clara
 Street: 201 N. First St., San Jose, CA 95113
 Mail: 191 N. First St., San Jose, CA 95113

Court fills in case number when form is filed.

Case Number:

COURT CASE #'s Only
Do NOT use police card/report #'s

③ **Other Protected People**

In addition, **Check this box if other people live with you that need protection too.** _____ rough **⑪**.

Full name	Relationship to person in ①	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____

Check here if you have more than 4 people that live with you and need protection too. Attach an 8.5" x 11" sheet of paper (not binder paper) or ask staff for an additional attachment to add them.

④ Your Hearing Date (Court Date)



LEAVE BLANK

This order must be enforced throughout the United States. See page 7.

This is a Court Order.



Case Number:

**COURT CASE #'s Only
Do NOT use police card/report #'s**

To the Person in 2

The judge has granted temporary orders. See 5 through 20. If you do not obey these orders, you can be charged with a crime, go to jail or prison, and/or pay a fine. It is a felony to take or hide a child in violation of this order.

5 No Firearms (Guns), Firearm Parts, or Ammunition

a. You cannot own, possess, have, buy or try to buy, receive or try to receive, or in any other way get any prohibited item listed below in b.

b. **Prohibited items are:**

- (1) Firearms (guns);
- (2) Firearm parts, meaning receivers, frames, and any item that may be used as or easily turned into a receiver or frame (see Penal Code section 16531); and
- (3) Ammunition.

c. Within 24 hours of receiving this order, you must sell to or store with a licensed gun dealer, or turn in to law enforcement, any prohibited items you have in your immediate possession or control.

d. If law enforcement asks you for your prohibited items, you must turn them over immediately.

e. Within 48 hours of receiving this order, you must file a receipt with the court that proves all prohibited items have been turned in, sold, or stored. (You may use form DV-800/JV-270, *Receipt for Firearms, Firearm Parts, and Ammunition*.) If law enforcement served you with the restraining order, you must give a copy of the receipt to

Check this box and complete this section if the Restrained Person owns or possesses any firearms, firearm parts or ammunition.

6 Restrained Person Has Prohibited Items

The court finds that you have the following prohibited items:

a. Firearms and/or firearm parts

Description (include serial number, if known)	Location, if known	Proof of compliance received by the court
(1) _____	_____	<input type="checkbox"/> (date): _____
(2) _____	_____	<input type="checkbox"/> (date): _____
(3) _____	_____	<input type="checkbox"/> (date): _____
(4) _____	_____	<input type="checkbox"/> (date): _____

b. Ammunition

Description	Amount, if known	Location, if known	Proof of compliance received by the court
(1) _____	_____	_____	<input type="checkbox"/> (date): _____
(2) _____	_____	_____	<input type="checkbox"/> (date): _____
(3) _____	_____	_____	<input type="checkbox"/> (date): _____
(4) _____	_____	_____	<input type="checkbox"/> (date): _____

This is a Court Order.



Case Number:

**COURT CASE #'s Only
Do NOT use police card/report #'s**

7 **Court Hearing to Review Firearms (Guns), Firearm Parts, and Ammunition Compliance**

In addition to the hearing listed on form DV-109, item **(3)**, you must attend the court hearing listed below to prove that you have properly turned in, sold, or stored all prohibited items (described in **(5)b**) you still have or own, including any items listed in **(6)**. If you do not attend the court hearing listed below, a judge may find that you have violated the restraining order and notify law enforcement and a prosecuting attorney of the violation.

Name and address of court, if different than court address listed on page 1



Date:

Time:

Leave blank, if a hearing is needed to review firearm relinquishment compliance, the clerk will fill in a court date here.

8 **Complete items 9 - 20 to ask for the orders you want in place until your hearing date.**

Do not check the boxes labeled "Denied until the hearing" or "Granted as follows", those are for the Judge to complete.

Check the box labeled "Not Requested" next to any orders you are not requesting.

9 **Order to Not Abuse** **Do not check any boxes if you want an order as follows:**

You must not do the following things:

telling the other party not to abuse you.

- Harass, attack, strike, threaten, assault (sexually or otherwise), hit, follow, stalk, molest, destroy personal property, keep under surveillance, impersonate (on the internet, electronically, or otherwise), block movements, annoy by phone or other electronic means (including repeatedly contact), or disturb the peace.
- "Disturb the peace" means to destroy someone's mental or emotional calm. This can be done directly or indirectly, such as through someone else. This can also be done in any way, such as by phone, over text, or online. Disturbing the peace includes coercive control.
- "Coercive control" means a number of acts that unreasonably limit the free will and individual rights of any person protected by this restraining order. Examples include isolating them from friends, relatives, or other support; keeping them from food or basic needs; controlling or keeping track of them, including their movements, contacts, actions, money, or access to services; and making them do something by force, threat, or intimidation, including threats based on actual or suspected immigration status. Coercive control includes reproductive coercion meaning controlling someone's reproductive choices, such as using force, threat, or intimidation to pressure someone to be or not be pregnant, and to control or interfere with someone's contraception, birth control, pregnancy, or access to health information.

This is a Court Order.



10 No-Contact Order Not requested Denied until the hearing Granted as follows:

a. You must **not contact** the person in ① the person in ② directly or indirectly, by any means, including by telephone. **If you do not want the other party to contact you and/or the additional protected persons, check these boxes.**

b. Exception to 10a:
(1) **Complete this section if you want exceptions to the "no-contact" order.** the person in ① only to communicate about your
(2) _____ during court-ordered contact or visits.
(3) Other (explain): _____

c. Peaceful written contact through a lawyer or process server or another person for service of legal papers related to a court case is allowed and does not violate this order.

11 Stay-Away Order Not requested Denied until the hearing Granted as follows:

a. You must stay at least (specify **300 is the maximum**) _____ feet away from (check all that apply):
 Person in ① School of person in ①.
 Home of person in ① Place of business in ③.
 Job of person in ① Children's school or child care.
 Vehicle of person in ①. Other (explain): _____

b. Exception to 11a:
The person in ① may have _____ court-ordered visits. You must do so briefly and peacefully.
(1) **Complete this section if you want exceptions to the "stay-away" order.** _____
(2) _____ during court-ordered contact or visits.
(3) Other (explain): _____

12 Order to Move Out Not requested Denied until the hearing Granted as follows:

You must tell the person in ① to leave the residence and to stay out immediately from _____ (address):
Complete this section if the other party lives with you and you want them to move out.

13 Other Orders Not requested Denied until the hearing Granted as follows:

_____ **Complete this section if you want specific orders that are not requested anywhere else on this form. You should review the rest of the form before completing this section.** _____

This is a Court Order.

14 Child Custody and Visitation Not requested Denied until the hearing Granted as follows:
Granted on _____
 (list other form). _____
Leave blank

15 Protect Animals Not requested Denied until the hearing Granted as follows:
a. You have possession, care, and control of the animal.
b. You do not have possession, care, and control of the animal, but you have a right to possess or borrow against the animal.
Complete this section if you have animals you want possession of or need protection for, otherwise mark "Not requested".

c. The person in ① is given the sole possession, care, and control of the animals listed below.

Name (or other way to ID animal)	Type of animal	Breed (if known)	Color
Fluffy	Rabbit	Mini Lop	White and Brown
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

16 Control of Property Not requested Denied until the hearing Granted as follows:
Under the terms of this order, _____
_____ of _____
_____ include the license plate or VIN #, otherwise the order may not be enforceable.

17 Health and Other Insurance Not requested Denied until the hearing Granted as follows:
The person in ① is required to maintain _____ of, or change the beneficiary of, _____ if any—for whom _____

18 Record Communication Not requested Denied until the hearing Granted as follows:
The person in ① may not _____
Leave blank. This order allows you to record communication that is in violation of the temporary restraining order.

This is a Court Order.

Case Number:

**COURT CASE #'s Only
Do NOT use police card/report #'s**

19 Property Restraint Not requested Denied until the hearing Granted as follows:

The person in (1) **Complete this section if you and the other party are married or have a registered domestic partnership and you want the court to grant property restraint orders.** If you own any property, including a vehicle, the person in (2) must notify the person in (1) of any sale, lease, or other disposition of the property. The person in (2) must not personally give the information to the person in (1) or contact their lawyer, if they have one.

20 Pay Debts Owed for Property Not requested Denied until the hearing Granted as follows:

The person in (2) **Complete this section if you want the other party to pay for any debts owed before the hearing, otherwise mark "Not requested".**
Pay to: _____
Pay to: _____
Pay to: _____

21 Orders That May Be Made at the Hearing Date (Court Date)

If the person in (1) checked any of these orders on form DV-100, a judge could grant them at your court date.

- Child Support
- Spousal Support
- Lawyer's Fees and Costs
- Pay Expenses Caused by Abuse
- Batterer Intervention Program
- Transfer of Wireless Phone Account

22 No Fee to Serve (Notify) Restrained Person

The sheriff or marshal will serve this order for free. If you want the sheriff to serve your papers, complete form SER-001 and attach it to this order to the sheriff.

If you have attached any pages to this form, check the box and complete this section.

23 Attached pages (All of the attached pages are part of this order.)

- a. Number of pages attached to this nine-page form: 4
- b. Attachments include forms (check all that apply):
- DV-140 DV-145 DV-820 Other: _____

Judge's Signature

Date: **Leave Blank**

Leave Blank

Judge or Judicial Officer

This is a Court Order.



Certificate of Compliance With VAWA

This temporary protective order meets all “full faith and credit” requirements of the Violence Against Women Act, 18 U.S.C. section 2265 (1994) (VAWA), upon notice of the restrained person. This court has jurisdiction over the parties and the subject matter; the restrained person has been or will be afforded notice and a timely opportunity to be heard as provided by the laws of this jurisdiction. **This order is valid and entitled to enforcement in each jurisdiction throughout the 50 states of the United States, the District of Columbia, all tribal lands, and all U.S. territories, commonwealths, and possessions and shall be enforced as if it were an order of that jurisdiction.**

Warnings and Notices to the Restrained Person in ②

Your Address to Receive Court Orders

If the judge makes a restraining order at the hearing (court date), which has the same orders as in this Temporary Restraining Order, you will get a copy of that order by mail at your last known address, which is written in ② on page 1. If your address was not listed on this form or is incorrect, contact the court. If you did not attend your hearing and want to know if the judge granted a restraining order against you, contact the court.

Child Custody, Visitation, and Support

- **Child custody and visitation:** If you do not attend your hearing (court date), the judge can make custody and visitation orders for your children without hearing from you.
- **Child support:** The judge can order child support based on the income of both parents. The judge can also have that support taken directly from a parent's paycheck. Child support can be a lot of money, and usually you have to pay until the child is age 18. File and serve **form FL-150, *Income and Expense Declaration***, or **form FL-155, *Financial Statement (Simplified)***, if you want the judge to have information about your finances. Otherwise, the court may make support orders without hearing from you.
- **Spousal support:** File and serve **form FL-150, *Income and Expense Declaration***, so the judge will have information about your finances. Otherwise, the court may make support orders without hearing from you.

Firearms (Guns), Firearm Parts, and Ammunition

Under California law, you cannot have any firearms (guns), certain firearm parts, or ammunition. (Family Code sections 6216 and 6389(a)). Ask the court for information on how to properly turn in, sell, or store these items in your city or county. You can also contact your local police department for instructions.

This is a Court Order.

Instructions for Law Enforcement

This order is effective when made. It is enforceable by any law enforcement agency that has received the order, is shown a copy of the order, or has verified its existence on the California Law Enforcement Telecommunications System (CLETS). If the law enforcement agency has not received proof of service on the restrained person, and the restrained person was not present at the court hearing, the agency shall advise the restrained person of the terms of the order and then shall enforce it. Violations of this order are subject to criminal penalties.

Duties of Officer Serving This Order

The officer who serves this order on the Restrained Person must do the following:

- Ask if the Restrained Person is in possession of any of the prohibited items listed in (6), or has custody or control of any that they have not already turned in.
- Order the Restrained Person to immediately surrender to you all prohibited items.
- Issue a receipt to the Restrained Person for all prohibited items that have been surrendered.
- Complete a proof of personal service and file it with the court. You may use form DV-200 for this purpose.

Within one business day of service, submit the proof of service directly into the California Restraining and Protective Order System (CARPOS), including the serving officer's name and law enforcement agency.

Arrest Required if Order Is Violated

If an officer has probable cause to believe that the restrained person had notice of the order and has disobeyed the order, the officer must arrest the restrained person. (Penal Code sections 836(c)(1), 13701(b).) A violation of the order may be a violation of Penal Code section 166 or 273.6.

If the Protected Person Contacts the Restrained Person

Even if the protected person invites or consents to contact with the restrained person, the orders remain in effect and must be enforced. The protected person cannot be arrested for inviting or consenting to contact with the restrained person. The orders can be changed only by another court order. (Penal Code section 13710(b).)

Child Custody and Visitation

Child custody and visitation orders are listed on form DV-140 or another attached form. If the judge made these orders, look at (10) and (11) of this order to see if the judge granted an exception for brief and peaceful contact with the person in (1) as needed to follow court-ordered visits. Contact by the person in (2) that is **not** brief and peaceful is a violation of this order. **Forms DV-100 and DV-105 are not orders. Do not enforce them.**

This is a Court Order.



Conflicting Orders—Priorities for Enforcement

If more than one restraining order has been issued protecting the protected person from the restrained person, the orders must be enforced in the following priority (see Penal Code section 136.2 and Family Code sections 6383(h)(2), 6405(b)):

1. **Emergency Protective Order (EPO):** If one of the orders is an *Emergency Protective Order* (form EPO-001), provisions (e.g., stay away order) that are more restrictive than in the other restraining/protective orders must be enforced. Provisions of another order that do not conflict with the EPO must be enforced.
2. **No-Contact Order:** If a restraining/protective order includes a no-contact order, the no-contact order must be enforced. Item ⑩ is an example of a no-contact order.
3. **Criminal Protective Order (CPO):** If none of the orders include an EPO or a no-contact order, the most recent CPO must be enforced. (Family Code sections 6383(h)(2) and 6405(b).) Additionally, a CPO issued in a criminal case involving charges of domestic violence, Penal Code sections 261, 261.5, or former 262, or charges requiring sex offender registration must be enforced over any civil court order. (Penal Code section 136.2(e)(2).) All provisions in the civil court order that do not conflict with the CPO must be enforced.
4. **Civil Restraining Orders:** If there is more than one civil restraining order (e.g., domestic violence, juvenile, elder abuse, civil harassment), then the order that was issued last must be enforced. Provisions that do not conflict with the most recent civil restraining order must be enforced.

(The clerk will fill out this part.)

Clerk's Certificate
[seal]

—Clerk's Certificate—

I certify that this *Temporary Restraining Order* is a true and correct copy of the original on file in the court.

Date: Leave Blank Clerk, by Leave Blank, Deputy

This is a Court Order.

This form is attached to (check one): [X] DV-110 [] DV-130

1 Name of Protected Person: Your name (Write it the same way on all your forms)
Relationship to children: [X] Parent [Check one] guardian [] Other (describe):

2 Name of Restrained Person: Name of person you want restrained (Write it the same way on all your forms)
Relationship to children: [X] Parent [Check one] guardian [] Other (describe):

3 [X] Children Under 18 Years Old
a. Name:
b. Name: List the minor child(ren) you have together, oldest to youngest.
c. Name:
d. Name: Date of birth:
[] (Check here if you have more children to list. On a separate piece of paper write "DV-140, Children" at the top and attach it to this form.)

4 [] No Travel With Children Without Permission
[] Person i must have Complete this section if you want to restrict the other party's ability to travel with the minor child(ren). outside of:
a. [] County of (list):
b. [] State of California
c. [] United States South Bay Counties: Santa Clara, Alameda, Monterey Marin, Stanislaus, Merced,
d. [] Other place(s) (list): Contra Costa, San Mateo, San Francisco, San Joaquin, San Benito & Santa Cruz
e. Item 4d applies to the Restrained Party only.

5 [] Stop Access to Children's School, Health, and Other Information
a. The Complete this section if you want to restrict the other party's access to the child(ren)'s records or other information.
[] Only the children listed here (names):
b. From the following (check all that apply):
[] Medical, dental, and mental health providers
[] School and daycare providers
[] Extracurricular activity providers, including summer camps and sports teams
[] Child's employers (including volunteer and unpaid positions)
[] Other (describe):

[!] If you are a provider listed above, you must not release information or records regarding the children listed in 5a to the person in 2.

This is a Court Order.

Case Number: _____

**COURT CASE #'s Only
Do NOT use police card/report #'s**

6 **Judicial Notice** **Check here, if the other party has done something to make you think there is a risk they will take the minor child(ren) out of California. Ask staff for form DV-145.**

7 **Child Custody**

a. **Complete this section with the custody orders you want the court to make between now and the court date.**

b. Physical Custody (*The person that the child regularly lives with.*)

- Sole to Person in **(1)** Jointly (shared) by persons in **(1)** and **(2)**.
- Sole to Person in **(2)** Other (*describe*): _____

c. If the judge granted sole or joint custody to the person in **(2)**, the judge must explain why.

(*For judge to complete. Check all that apply:*)

- Judge's reasons given at the hearing (*See minute order or ask for the transcript.*)
- Judge's reasons listed here: _____

8 **Person in (2) must have no visitation with children until further order of the court.**

(*If the judge has stopped your right to have parenting time with the child, check here if you do not want the other party to have any parenting time between now and the court date.*)

9 **Supervised (Monitored) Visitation with Children**

a. **Complete this section if you are asking for the other party to have supervised visitation between now and the court date. You will indicate whether the supervisor should be a non-professional (family member or friend) or a professional. If you ask for a non-professional supervisor, you should first ask the proposed supervisor to confirm they are willing to take on this role.**

- (2) Person in **(1)** contact provider by (*date*): _____
- Person in **(2)** contact provider by (*date*): _____

b. Provider's contact information, if known

Address: _____ Telephone: _____

c. Schedule of supervised visits

- (1) Once a week, for (*number of hours*): _____
- (2) Twice a week, for (*number of hours*): _____ each visit.
- (3) Follow the Visitation Schedule listed in **(12)**.
- (4) Other schedule (*describe*): _____

This is a Court Order.



10 **Supervised (Monitored) Child Exchanges** (Use item 11 to describe visitation schedule.)

a. Per **Complete this section if you only want the exchanges to be supervised. This means the parenting time will not be supervised. You will indicate whether the supervisor should be a non-professional (family member or friend) or a professional.**

Safe location for exchanges: _____
(For more information on safe locations, go to <https://selfhelp.courts.ca.gov/guide-supervised-visitation>.)

Professional (list name, if known): _____

(1) Fees paid by: Person in 1 _____ % Person in 2 _____ % Other: _____ %

(2) Person in 1 contact provider by (date): _____

Person in 2 contact provider by (date): _____

(3) Location of exchanges to be decided by provider.

b. Provider's contact information, if known:

Address: _____ Telephone: _____

Complete section "11b.", if you want the court to order unsupervised parenting time between now and the court date.

11 **Visits With No Supervision (Unmonitored)**

a. If the judge granted unsupervised visits to the person in 2, the judge must explain why.

(For **Leave Blank, the Judge will complete this section if it applies.**

If you checked item 11, check here to indicate whose schedule is listed below. Then, check the box next to either (1) or (2). If you check box (1), write the schedule on the lines provided.

b. Person in 1 Person in 2 will visit with the children as follows:

(1) Visitation schedule described below:

(2) Follow the Visitation Schedule listed in 12.

This is a Court Order.

Case Number: _____

**COURT CASE #'s Only
Do NOT use police card/report #'s**

12 **Visitation Schedule for Person in 2**

If you checked item 9.c.(3) or item 11.b.(2), fill in the requested parenting schedule here.

	Time	Person to bring children to and from visit	Location of drop-off/pick-up
Monday	Start: _____ End, if applies: _____		
Tuesday	Start: _____ End, if applies: _____		
Wednesday	Start: _____ End, if applies: _____		
Thursday	Start: _____ End, if applies: _____		
Friday	Start: _____ End, if applies: _____		
Saturday	Start: _____ End, if applies: _____		
Sunday	Start: _____ End, if applies: _____		

Follow the schedule listed above (check one):

Every week Every other week Other _____

Start date for visits (month, day, year) _____

13 **Other Orders**

(Describe additional orders or refer to an attachment (e.g., FL 311(C) Children's Holiday Schedule Attachment)):

Complete this section if you are asking for other custody and parenting time related orders.

14 **Country of Habitual Residence**

The country of habitual residence of the child or children in this case is The United States
or Other (specify): _____

15 **Jurisdiction and Notice**

This court has jurisdiction to make child custody orders in this case under the Uniform Child Custody Jurisdiction and Enforcement Act (part 3 of the California Family Code starting with section 3400). The responding party was given notice consistent with the laws of the State of California.

16 **Penalties for Violating This Order**

If you violate this order, you may be subject to civil or criminal penalties, or both.

This is a Court Order.

Clerk stamps date here when form is filed.

Instructions

To ask for a domestic violence restraining order, you will need to complete this form and other forms (see page 12 for list of forms). If this case includes sensitive information about a minor child (under 18 years old), see form DV-160-INFO, Privacy Protection For a Minor (Person Under 18 Years Old) Domestic Violence Prevention for more information on how to protect the child's information.

Fill in court name and street address:

Superior Court of California, County of Santa Clara
Street: 201 N. First St., San Jose, CA 95113
Mail: 191 N. First St., San Jose, CA 95113

Court fills in case number when form is filed.

Case Number: COURT CASE #'s Only Do NOT use police card/report #'s

1 Person Asking for Protection

a. Your name: Your Name (write it the same way on all your forms)

b. Your age: How old are you?

c. Address where you can receive court papers (This address will be used by the court and by the person in 2 to send you official court dates, orders, and papers. For privacy, you may use another address like a post office box, a Safe at Home address, or another person's address, if you have their permission and can get your mail regularly. If you have a lawyer, give their information.)

Address: List an address where you can receive court papers and is safe for the other party to see.
City: _____

d. Your contact information (optional) (The court could use this information to contact you. If you don't want the person in 2 to have this information, leave it blank or provide a safe phone number or email address. If you have a lawyer, give their information.)

You may leave this section blank. If you choose to fill it in, only list information that is safe for the other party to see.

e. Your lawyer's information (if you have one)

Name: Self-Represented State Bar No.: _____
Firm Name: _____

2 Person You Want Protection From

a. Full name: Name of person you want restrained (write it the same way on all your forms)

b. Age (give estimate if you do not know exact age)
c. Date of Birth
d. Gender
e. Race:
Fill in this section about the person you want restrained.

This is not a Court Order.



Case Number:

**COURT CASE #'s Only
Do NOT use police card/report #'s**

3 Your Relationship to the Person in (2)

(If you do not have a relationship with the person in (2), you may not be eligible for an order. Complete the rest of this form. You may visit www.courts.ca.gov/restraining-orders.)
(Check all that apply.)

Check all of the boxes below that describe your relationship to the person you want restrained.

Complete the rest of this form. You may visit www.courts.ca.gov/restraining-orders.)

a. We have a child or children together (names of children):

List the children that you and the other party have together

b. We are married or registered domestic partners.

c. We used to be married or registered domestic partners.

d. We are dating or used to date.

e. We are or used to be engaged to be married.

f. We are related. The person in (2) is my (check all that apply):

Parent, stepparent, or parent-in-law

Brother, sister, sibling, step-sibling, or sibling in-law

Child, stepchild, or legally adopted child

Grandparent, step-grandparent, or grandparent-in-law

Child's spouse

Grandchild, step-grandchild, or grandchild-in-law

g. We live together or used to live together. (If checked, answer question below):

Have you lived together with the person in (2) as a family or household (more than just roommates)?

Yes No (If no, you do not qualify for this kind of restraining order unless you checked one of the other relationships listed above.)

4 Other Restraining Orders and Court Cases

a. Are there any other restraining orders or court cases involving you and the person in (2)?

Check the box that applies. If "yes", list the date the order was made and the date it expired. Provide a copy to the court, if possible.

Is: Did the

No

Yes (If yes, give information below and attach a copy if you have one.)

(1) (date of order): _____ (date it expires): _____

(2) (date of order): _____ (date it expires): _____

b. Are you involved in any other court case with the person in (2)?

No

Yes (If yes, give information below and attach a copy if you have one.)

Check the box that applies. If "yes", check the box for the type of case then fill in the information about the case (see examples below).

it was filed, and case number.)

Custody

Divorce

Juvenile (child welfare or juvenile justice): _____

Guardianship

Criminal **San Jose, CA; 2020; C1234567**

Other (what kind of case?): **Small Claims case; San Jose, CA; 2021; 21SC123456**

This is not a Court Order.



Case Number: _____

COURT CASE #'s Only
Do NOT use police card/report #'s

Describe Abuse

In this section, explain how the person in (2) has been abusive. The judge will use this information to decide your request. Listed below are some examples of what "abuse" means under the law. **It is not a complete list** of all examples of abuse. Give information on any incident that you believe was abusive.

- made repeated unwanted contact with you
- tracked, controlled, or blocked your movements
- kept you from getting food or basic needs
- isolated you from friends, family, or other support
- made threats based on actual or suspected immigration status
- made you do something by force, threat, or intimidation
- stopped you from accessing or earning money
- tried to control/interfere with your contraception, birth control, pregnancy, or access to health information
- harassed you
- hit, kicked, pushed, or bit you
- injured you or tried to
- threatened to hurt or kill you
- sexually abused you
- abused a pet or animal
- destroyed your property
- choked or strangled you
- abused your children

5 Most recent abuse **Answer the questions below about the most recent abuse.**

- a. Date of abuse (give an estimate if you don't know the exact date): _____
- b. Did anyone else hear or see what happened on this day?
 I don't know No Yes (If yes, give names): _____
- c. Did the person in (2) use or threaten to use a gun or other weapon?
 No Yes (If yes, describe gun or weapon): _____
- d. Did the person in (2) cause you any emotional or physical harm?
 No Yes (If yes, describe harm): _____
- e. Did the police come? I don't know No Yes (If the police gave you a restraining order, list it in (4).)
- f. Give more details about how the person in (2) was abusive on this day. Details can include what was said, done, or sent to you (examples: text messages, emails, or pictures), how often something happened, etc.

Provide a detailed account of the most recent abuse. If you need additional space, you may use form MC-020 or a plain 8.5" x 11" piece of paper, write "DV-100, Item 5 - Most Recent Abuse" at the top of the page. You may also attach supporting documentation such as text message, emails, photos, screenshots from social media postings etc.

- g. How often has the person in (2) abused you like this?

Just this once 2-5 times Weekly _____

Give dates or estimates of when it happened, if known _____

Check the box that describes how often you were abused this way. You may attach a declaration to describe the other times.

This is not a Court Order.



6 **If you have been abused in other ways, fill in this section about the abuse.**

- a. Date of abuse (give an estimate if you don't know the exact date): _____
- b. Did anyone else hear or see what happened on this day?
 I don't know No Yes (If yes, give names): _____
- c. Did the person in **(2)** use or threaten to use a gun or other weapon?
 No Yes (If yes, describe gun or weapon): _____
- d. Did the person in **(2)** cause you any emotional or physical harm?
 No Yes (If yes, describe harm):

- e. Did the police come? I don't know No Yes (If the police gave you a restraining order, list it in **(4)**.)
- f. Give more details about how the person in **(2)** was abusive on this day. Details can include what was said, done, or sent to you (examples: text messages, emails, or pictures), how often something happened, etc.

Provide a detailed account of the most recent abuse. If you need additional space, you may use form MC-020 or a plain 8.5" x 11" piece of paper, write "DV-100, Item 6 - Other Abuse" at the top of the page. You may also attach supporting documentation such as text message, emails, photos, screenshots from social media postings etc.

- g. How often has the person in **(2)** abused you like this?
 Just this once 2-5 times Weekly
Give dates or estimates of when it happened, if known

Check the box that describes how often you were abused this way. You may attach a declaration to describe the other times.

This is not a Court Order.

Case Number:

**COURT CASE #'s Only
Do NOT use police card/report #'s**

7 **Is there other abuse you want the Judge to know about, fill in this section.**

- a. Date of abuse (give an estimate if you don't know the exact date): _____
- b. Did anyone else hear or see what happened on this day?
 I don't know No Yes (If yes, give names): _____
- c. Did the person in **(2)** use or threaten to use a gun or other weapon?
 No Yes (If yes, describe gun or weapon): _____
- d. Did the person in **(2)** cause you any emotional or physical harm?
 No Yes (If yes, describe harm): _____
- e. Did the police come? I don't know No Yes (If the police gave you a restraining order, list it in **(4)**.)
- f. Give more details about how the person in **(2)** was abusive on this day. Details can include what was said, done, or sent to you (examples: text messages, emails, or pictures), how often something happened, etc.

Provide a detailed account of the most recent abuse. If you need additional space, you may use form MC-020 or a plain 8.5" x 11" piece of paper, write "DV-100, Item 7 - Other Abuse" at the top of the page. You may also attach supporting documentation such as text message, emails, photos, screenshots from social media postings etc.

- g. How often has the person in **(2)** abused you like this?
 Just this once 2-5 times Weekly _____
 Give dates or estimates of when it happened, if known: _____

Check the box that describes how often you were abused this way. You may attach a paper to describe the other times.

Check *Abuse*

Check here, if you attached any additional pages to describe the abuse.

ion of "abuse at the top, and turn it in with this form.

This is not a Court Order.

8 Other Protected People

Do you want the restraining order to protect your children, family, or someone you live with?

- a. No
 b. Yes

If you checked "yes", list the other people that you want to protect below.
Note: If they do not live with you, they may need to file their own request.

(1) Full name	Age	Relationship to you	Lives with you?
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Check this box if you need to list more people. Use a separate piece of paper and write "DV-100, Other Protected People" at the top. Turn it in with this form.

(2) Why do these people need protection?

Explain why the people listed above need protection.

9 Does Person in (2) Have Firearms (Guns), Firearm Parts, or Ammunition?

(A firearm includes a handgun, rifle, shotgun, and assault weapon. A firearm part means a receiver or frame or any part that may be used as or easily turned into a receiver or frame. Ammunition includes bullets, shells, cartridges, and clips.)

- Check one**
- a. I don't know
 b. No
 c. Yes (If you have information, complete the section below.)

Describe Firearms (Guns), Firearm Parts, or Ammunition Number or Amount Location, if known

(1) _____ **If "yes", complete this section about the firearms, firearm parts or ammunition, to the best of your knowledge.** _____

(2) _____

(3) _____

(4) _____

(5) _____

(6) _____

This is not a Court Order.



Choose the Orders That You Want a Judge to Make

In this section, you will choose the orders you want a judge to make now. Every situation is different. Choose the orders that fit your situation.

Check all the orders that you want a judge to make (order).

10 **Order to Not Abuse**

I ask the judge to order the person in (2) to not do the following things to me or anyone listed in (8):

Harass, attack, strike, threaten, assault (sexually or otherwise), hit, follow, stalk, molest, destroy personal property, keep under surveillance, impersonate (on the internet, electronically, or otherwise), block movements, annoy by phone or other electronic means (including repeatedly contact), or disturb the peace. (For more information see *Domestic Violence Restraining Order*.)

Check this box if you want the court to order the other party not to contact you or the other protected people.

11 **No-Contact Order**

I ask the judge to order the person in (2) to not contact me or anyone listed in (8).

Check this box if you want a stay away order then mark the boxes for the people or places you want the other party to stay away from.

12 **Stay-Away Order**

a. I ask the judge to order the person in (2) to:

(Check all that apply)

- Me.
- My home.
- My job or workplace.
- My vehicle.
- My school.
- Each person in (8).
- My children's school or childcare.
- Other (please explain): _____

b. How far do you want the person to stay away from all the places you checked above?

- 100 yards (300 feet)
- Other (give distance in yards): **300** _____

c. Do you **If you asked for a stay away order, answer questions "c." and "d."**

- No
- Yes (If yes, check one):
 - Live together (If you live together, you can ask that the person in (2) move out in (13).)
 - Live in the same building, but not in the same home
 - Live in the same neighborhood
 - Other (please explain): _____

d. Do you and the person in (2) have the same workplace or go to the same school?

- No
- Yes (If yes, check all that apply):
 - Work together at (name of company): _____
 - Go to the same school (name of school): _____
 - Other (please explain): _____

This is not a Court Order.



13 **Order to Move Out**

a. I ask the judge to order the person in **(2)** to move out of the home located at:
(Give address)

Check this box if you live with the other party and want the court to order them to move out. Fill in the address and mark the boxes to indicate why you have the right to live there.

b. I have a right to live there.
(Check all that apply)

- I own the home.
- I have lived at this address for _____ years, _____ months.
- My name is on the lease.
- I pay for some or all the rent or mortgage.
- I live at this address with my child(ren).
- Other (please explain): _____

14 **Other Orders**

(Describe any additional orders you want the judge to make to keep you, your children, or the people in **(8)** safe.):

Check this box to ask for other orders that were not requested above. Describe the order you are requesting.

15 **Child Custody and Visitation**

(Check this box if you have a child with the person in **(2)** and want the judge to make or change a child custody or visitation order. **You must fill out form DV-105, Request for Child Custody and Visitation Orders, and attach it to this form.**)

Orders that you can request on form DV-105 include:

- Child custody
- No visits with your children
- Stop person in **(2)** from accessing your child's school or medical information
- Supervised (monitored) visits with your children
- Unsupervised (unmonitored) visits with your children

This is not a Court Order.



16 **Protect Animals** **Check this box and complete this section if you have animals that need to be protected from the other party.**

a. (You need to list all animals.)

Name (or other way to ID animal)	Type of animal	Breed (if known)	Color
(1) Fluffy	Rabbit	Mini Lop	Brown and White
(2) _____	_____	_____	_____
(3) _____	_____	_____	_____
(4) _____	_____	_____	_____

b. I ask the judge to protect the animals listed above by ordering the person in ② to:

Check the boxes for the orders you are requesting

- (1) Stay away from the animals by at least: 100 yards (300 feet) Other (number of yards): _____
- (2) Not take, sell, hide, molest, attack, strike, threaten, harm, get rid of, transfer, or borrow against the animals.
- (3) Give me sole possession, care, and control of the animals because (check all that apply):
 - I purchased these animals.
 - Other (please explain): _____

Complete this section to explain why you have the right to request these orders.

17 **Control of Property**

a. I ask the judge to give only me temporary use, possession, and control of the property listed here (describe):

Check this box and complete this section if there are things you want to use and have control of after the hearing including mobile devices. For vehicles, include the license plat or VIN #, otherwise the other may not be enforceable.

b. Explain why:

18 **Health Insurance** **Check this box if you are asking the other party to maintain any insurance policies that are currently in place.**

I ask the judge to order the person in ②, or our children, including not being allowed to cancel, cash, borrow against, transfer, dispose of, or change the beneficiaries for the insurance.

19 **Record Communications**

I ask the judge to allow me to record calls or communications the person in ② makes to me, when those calls or communications violate this restraining order.

This is not a Court Order.

20 **Property Restraint** *(only if you are married or a registered domestic partner with the person in 2.)*

I ask the judge to order the person in 2 to not have any possessions or property to order the person in 2 to not have any possessions or property

Check this box if you are married to or have a registered domestic partnership with the other party.

by any possessions or property to order the person in 2 to not have any possessions or property

21 **Extend My Deadline to Give Notice to Person in 2**

(Usually you ask me to give you more time)

The court usually requires service to be completed at least 5 days before the hearing date. If you think you should be able to give less notice, complete the section and explain why.

of your request. If you ask me to give you more time):

22 **Pay Debts (Bills) Owed for Property**

(If you ask me to order the person in 2 to pay for the debts listed below, I ask you to explain why you want the person in 2 to pay the debts listed above.)

Check this box if you are asking for the other party to pay specific debts after the hearing. You need to list the debt and explain why they should have to pay it. For example, if you own a car together and you need the other party to associated loan payments until you go to court. This section is NOT for money owed due to the abuse such as damaged property, medical care, counseling etc.

amount can be effect: e: e: e:

Explain why you want the person in 2 to pay the debts listed above:

b. Special decision (finding) by the judge if you did not agree to the debt (optional)

(If you did not agree to the debt or debts listed above, you can ask the judge to decide (find) that one or more debts were the result of the other party's abuse. If you ask me to order the person in 2 to pay for the debts listed below, I ask you to explain why you want the person in 2 to pay the debts listed above.)

Fill in this section if you did not agree to one or more of the debts listed above and feel it was a result of the other party's abuse.

No Yes *(If yes, answer the questions below.)*

(1) Which of the debts listed above resulted from the abuse? *(check all that apply):*

a(1) a(2) a(3)

(2) Do you know how the person in 2 made the debt or debts?

No Yes

(If yes, explain how the person in 2 made the debt or debts):

This is not a Court Order.



Orders That You Want a Judge to Make at Your Court Date

Below is a list of orders that a judge cannot make right away but can make at your court date in a few weeks. The person in (2) must be notified of your court date before the judge can consider making any of the orders listed below. Check all the orders that you want the judge to make at your court date.

(23) Pay Expenses Caused by the Abuse

I ask the court to order the other party to pay for my damages or expenses I incurred due to the other party's abuse. For example, if the other party broke my phone during the abuse, I may ask the court to order the other party to pay for the broken phone.

Check this box and complete this section, if you want the other party to pay for any damages or expenses you incurred due to the other party's abuse. For example, if the other party broke your phone during the abuse, you may ask the court to pay for the broken phone.

aged
court date.

(24) Child Support *(this only applies if you have a minor child with the person in (2))*

(Check this box if you want the court to order child support for the minor child(ren) you and the other party have together.)

- a.
- b.
- c.

Complete this section and form FL-150 if you want the court to order child support for the minor child(ren) you and the other party have together.

one).

(25) Spousal Support *(this only applies if you are married or a registered domestic partner with person in (2))*

I ask the court to order the other party to pay for my living expenses and the other party's living expenses.

Check this box and complete form FL-150 if you and the other are married or registered domestic partners and you are asking for spousal support.

(26) Lawyer's Fees and Costs

I ask the court to order the other party to pay my lawyer's fees and costs and the other party's lawyer's fees and costs.

Check this box if you plan on hiring a lawyer and want the court to order the other party to pay your lawyer's fees and costs.

es and costs and the
an afford to pay.)

(27) Battering Intervention Program

I ask the court to order the other party to complete a 52-week Battering Intervention Program.

Check this box if you are asking for the other party to complete a 52-week Batterer Intervention Program.

(The goal of the program is to help the other party understand the effects, and gender roles. If ordered, the person in (2) has to show the judge that they enrolled and completed the program.

(28) Transfer of Wireless Phone Account

(If the other party has control of your wireless phone numbers, I ask the judge to order the wireless service provider to transfer the billing responsibility and rights to the wireless phone numbers listed below to me because the account currently belongs to the person in (2):

Check this box if you are asking for the other party to transfer billing responsibility for any phone numbers listed in this section.

r number or
want to have

I ask the judge to order the wireless service provider to transfer the billing responsibility and rights to the wireless phone numbers listed below to me because the account currently belongs to the person in (2):

- a. My number Number of child in my care (including area code): _____
- b. My number Number of child in my care (including area code): _____

This is not a Court Order.



Case Number:

**COURT CASE #'s Only
Do NOT use police card/report #'s**

Automatic Orders if the Judge Grants Restraining Order

29 No Firearms (Guns), Firearm Parts, or Ammunition

If the judge grants you a restraining order, the person in 2 must turn in, sell, or store any firearms (guns), firearm parts, or ammunition that they have or control. The person in 2 would also be prohibited from buying firearms (guns), firearm parts, and ammunition.

30 Cannot Look for Protected People

If the judge grants you a restraining order, the person in 2 will not be allowed to look for the address or location of any person protected by the restraining order, unless the court finds good cause not to make this order.

31 Additional pages

If you used additional paper or forms, enter the number of extra pages attached to this form:

How many additional pages are attached?

32 Your signature

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

Date:

Today's date

Print your name

your name

Sign your name

Sign your name

33 Your lawyer's signature (if you have one)

Date:

Self-Represented

Lawyer's name

Self-Represented

Lawyer's signature

Your Next Steps

1 You must complete at least three additional forms:

- Form DV-110, *Temporary Restraining Order (only items 1, 2 and 3)*
- Form DV-109, *Notice of Court Hearing (only items 1 and 2)*
- Form CLETS-001, *Confidential CLETS Information*
- **If you are asking for child custody and visitation orders**, you must complete **form DV-105**, *Request for Child Custody and Visitation Orders*, and **form DV-140**, *Child Custody and Visitation Order*.

2 Turn in your completed forms to the court. Find out when your forms will be ready for you.

3 Once you get your forms back from the court, have someone "serve" a copy of all forms on the person in 2. The sheriff or marshal can do this for free. See form SER-001, *Request for Sheriff to Serve Court Papers*. Learn more about service at <https://selfhelp.courts.ca.gov/sheriff-serves-your-request-restraining-order>.

4 If you are asking for child support or spousal support you must also complete form FL-150, *Income and Expense Declaration*. If you are only asking for child support, you may be eligible to fill out a simpler form, FL-155. Read form DV-570 to see if you are eligible. Turn in your completed form to the court before your court date. You must also have someone mail or personally deliver a copy to the person in 2.

This is not a Court Order.

This form is attached to form DV-100. (Use this form to request orders for children you have with the person in (2).)

1 Your Information

Name: Your name (Write it the same way on all your forms)

Relationship to children: Parent [X] Guardian [] Other (describe):

2 Person You Want Protection From

Name: Name of person you want restrained (Write it the same way on all your forms)

Relationship to children: Parent [X] Guardian [] Other (describe):

3 Children Under 18 Years Old (list from oldest to youngest)

a. Name: b. Name: c. Name: d. Name: List the minor child(ren) you have together, oldest to youngest.

(Check here if you need more space. Write "DV-105, Children" at the top and attach it to this form.)

4 City and State Where Children Lived

a. Have all the children listed in "3a" above lived for the last 5 years and who the child lived with. List the most recent address first and then work backwards until you reach 5 years. If child is less than 5 years, then list their address from date of birth. See example below.

Complete this section about where the child in "3a" above has lived for the last 5 years and who the child lived with. List the most recent address first and then work backwards until you reach 5 years. If child is less than 5 years, then list their address from date of birth. See example below.

Table with columns: Dates (month/year), City, State, and Tribal Land, Me, Person in (2), Other*. Rows include San Jose, CA; Milpitas, CA; Sunnyvale, CA; San Jose, CA.

Other* (relationship to child):

This is not a Court Order.



Case Number:

**COURT CASE #'s Only
Do NOT use police card/report #'s**

5 History of Court Cases Involving Your Children

a. Do you know about any other case involving any child listed in ③?

- No
- Yes

Check with staff first if there are any other custody cases for the minor children listed in item 3, as this paperwork may need to be filed into the existing custody case.

(Check all that apply. Enter case number, if known.)

- Custody _____
- Divorce _____
- Juvenile Court (*child welfare, juvenile justice*) _____
- Guardianship _____
- Criminal _____
- Other (*example: child support case*) _____

b. Is there a current order for custody or visitation in effect?

- No
- Yes

Check one. If yes, describe the current order below.

What did the judge order? (*Examples: who has custody of the children and what is the visitation schedule*)

(*Attach a copy of the order, if you have one.*)

Why do you want to change the order?

Explain why the current order should be changed. You may attach an additional 8.5" x 11" paper (not binder paper) if you need more space or ask staff for an attachment.

c. If there is another parent or legal guardian besides you and the person in ②, complete the section below.

Name: **Check with staff if this applies to your case.** Legal Guardian

This is not a Court Order.



Orders a Judge Can Make to Protect Your Children

To ask for orders to protect your children, answer the questions below.

6 Do you want to limit where the person in (2) can travel with your children?

No

Yes (C

Complete this section if you want to restrict the other party's ability to travel with the minor child(ren).

I ask the judge to order that the person in (2) must have written permission from me, or a court order, to take the children outside:

The county of (list): _____

California

South Bay Counties: Santa Clara, Alameda, Monterey Marin, Stanislaus, Merced,

Other places (list): Contra Costa, San Mateo, San Francisco, San Joaquin, San Benito & Santa Cruz

7 Do you want the person in (2) to have access to the children's records or information?

Yes

No (Co

Check one. If no, complete items a. and b. to indicate how you want the other party's access to the child(ren)'s records or information to be limited.

a. I ask the judge to order that the person in (2) **not** access or have access to the records or information for:

All the children listed in (3).

Only the children listed here (names): _____

b. For the following records or information (check all that apply):

Medical, dental, and mental health

School and daycare

Extracurricular activity, including summer camps and sports teams

Child's employment (including volunteer and unpaid positions)

Other (describe): _____

(If the judge makes this order, providers will not be able to release the protected information to the person in (2).)

8 Do you believe the person in (2) might abduct (kidnap) your children?

No

Yes (To a

Prevent C

If the other party has done something to make you think there is a risk they will take the minor child(ren) out of California, check "yes" and ask staff for form DV-108.

request for Orders to

This is not a Court Order.



Child Custody

You can ask a judge to make custody orders for your children. There are two types of custody in California: legal and physical custody.

- Legal Custody
 - Physical Custody
- For both

Check "yes", if you do not have custody orders or want to change the existing custody orders. Then complete this section with the custody orders you want the court to make after the hearing. See example below.

Check "no", if you already have custody orders and do not want them changed.

9 Do you want the judge to make child custody orders?

No

Yes (Complete the section):

Legal Custody (check one):

- Sole to me
 Sole to person in (2)
 Jointly (shared) by me and person in (2).
 Other (describe):

Physical Custody (check one):

- Sole to me
 Sole to person in (2)
 Jointly (shared) by me and person in (2).
 Other (describe):

Visitation (Parenting Time) with Children

You can ask a judge to make decisions about when your child spends time with the person in (2). This is called parenting time or visitation. It means the schedule and exact times each parent spends with the child. If a parent does not get custody, that parent can have parenting time with the child if a judge believes it is safe and in the child's best interest. Answer the questions below to tell the judge what parenting time you want right now for person in (2). Any orders the judge makes are temporary for now. They last until the court date (about three weeks away). On your court date, the judge can change or extend the orders.

10 Do you want the person in (2) to have visits (parenting time) with the children?

No

Yes

Check "yes" and complete item 11, if you want the other party to have time with the child after the hearing.

Check "no" and leave the rest of the form blank, if you are asking the court not to allow visitation with the other party after the court hearing.

11 Do you want visits with the children to be supervised (monitored) by a third-party?

(To

Yes

No

Check "yes", if you are asking for the other party to be supervised during their parenting time. Go to item 12.

Check "no", if you are asking for the other party to not have any parenting time after the hearing. Go to item 13.



Case Number:

COURT CASE #'s Only

Do NOT use police card/report #'s

12 Details of Supervised (Monitored) Visits

(Complete)

If you asked for supervised visitation, complete this section to indicate who will supervise the visits and when the visits will take place. See example below.

a. Who do you want to supervise the visits?

(Check one):

[X] Nonprofessional, like a trusted relative or friend (list name, if known): Jane Smith, maternal aunt

[] Professional (list name, if known):

Professional fees paid by: Me % Person in (2) % Other: %

b. How often and how long should the visits be?:

(Check one):

[] Once a week, for (number of hours): each visit.

[] Twice a week, for (number of hours): each visit.

[X] Other (describe): Visitation twice a week for up to two hours each visit to be arranged through the supervisor.

[] Check here if you want to use the chart listed below for a schedule.

Schedule for Supervised Visits

(List the days and times the person in (2) should visit with the children.)

Table with 4 columns: Day, Time (Start/End), Person to bring children to and from visit, Location of drop-off/pick-up. Rows for Monday through Sunday.

Follow the schedule listed above (check one):

[] Every week [] Every other week [] Other

Start date for visits (month, day, year)

! If you completed (12), you are done completing this form. Do not complete (13.)



13 Details of Unsupervised Visits

(Complete) **If you are asking for unsupervised visits, complete this section.**

a. If the judge allows the person in (2) to have unsupervised visits with your children, you will have to tell the judge how you want to handle drop-off and pick-up of the children, also called child exchanges.

Do you
 No **If you only want the exchanges to be supervised, check "yes" and fill in this section.**
 Yes

Who do you want to supervise the exchanges? *(Check one):*

- Nonprofessional, like a trusted relative or friend *(list name, if known):* _____
- Professional *(list name, if known):* _____

Professional fees paid by: Me _____ % Person in (2) _____ % Other: _____ %

b. Describe the parenting time you want the person in (2) to have with the children.

(Use this section if you are giving or transferring parenting time to the other party.) **When do you want the other party to have parenting time? You may either write the schedule on the lines or use the chart.**

Schedule for Unsupervised Visits			
	Time	Person to bring children to and from visit	Location of drop-off/pick-up
Monday	Start: _____ End, if applies: _____		
Tuesday	Start: _____ End, if applies: _____		
Wednesday	Start: _____ End, if applies: _____		
Thursday	Start: _____ End, if applies: _____		
Friday	Start: _____ End, if applies: _____		
Saturday	Start: _____ End, if applies: _____		
Sunday	Start: _____ End, if applies: _____		
Follow the schedule listed above (check one): <input type="checkbox"/> Every week <input type="checkbox"/> Every other week <input type="checkbox"/> Other _____			
Start date for visits (month, day, year) _____			

CA Your last name and Restrained Person's last name

CASE #:

LEAVE BLANK
The Clerk will fill this in.

Check the applicable box(es)

DV-100, DESCRIBE ABUSE

a) Continuation of item 5 6 7 or Other past abuse:

READ THIS FIRST BEFORE FILLING OUT THIS FORM!

You may use this page to continue your description of abuse from items 5, 6 or 7 of the DV-100 or you may write about other past abuse. Your declaration should describe everything that the Restrained Person has said or done to you to make you want this restraining order. The court will use this declaration to decide whether or not to grant a temporary and/or permanent restraining order.

Although the court is mainly interested in what has happened in the past three months, you should also write about past abuse. Write about the most recent abuse first.

You may also attach other documentation to help support what you are saying the other person is saying or doing to you (for example: text messages, emails, photos of personal injury or property damage, social media postings, letters, etc).

If you need more room, attach a regular sheet of 8.5" x 11" paper (NOT binder paper) or ask staff for extra pages.

18
19
20
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22
23
24
25

Your last name and Restrained Person's last name

CAS

LEAVE BLANK
The Clerk will fill this in.

Children:

b) Write about the parenting (visitation) schedule you have with the other parent **now** (what days **Choose which box best describes how often the other parent is visiting the minor child(ren).** how long have you had this schedule? etc.):

- We live together now and do not have a visitation schedule OR
- The other parent is in custody and isn't seeing the child(ren) now OR
- Our schedule is (describe): _____

c) Do you want to change this schedule? YES NO **Check one**

Why or why not? Explain below:

Explain why the orders you are requesting for custody and visitation are in the minor child(ren)'s best interest. If you are asking for no visitation or supervised visitation, explain why you believe that is necessary for the child(ren)'s safety.

SUMMONS (Family Law)

CITACIÓN (Derecho familiar)

NOTICE TO RESPONDENT (Name):
AVISO AL DEMANDADO (Nombre):

Your Spouse or Registered Domestic Partner (DP)'s Legal Name

FOR COURT USE ONLY
(SOLO PARA USO DE LA CORTE)

SAMPLE ONLY
Do not write on this copy!

You have been sued. Read the information below and on the next page.
Lo han demandado. Lea la información a continuación y en la página siguiente.

Petitioner's name is:
Nombre del demandante: Your Legal Name

CASE NUMBER (NÚMERO DE CASO):
Leave Blank

Important:

You must write your name and the other party's name the EXACT same way throughout your forms.

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nce

Tiene 30 días de calendario después de haber recibido la entrega legal de esta Citación y Petición para presentar una Respuesta (formulario FL-120) ante la corte y efectuar la entrega legal de una copia al demandante. Una carta o llamada telefónica o una audiencia de la corte no basta para protegerlo.

Si no presenta su Respuesta a tiempo, la corte puede dar órdenes que afecten su matrimonio o pareja de hecho, sus bienes y la custodia de sus hijos. La corte también le puede ordenar que pague manutención, y honorarios y costos legales.

Para asesoramiento legal, póngase en contacto de inmediato con un abogado. Puede obtener información para encontrar un abogado en el Centro de Ayuda de las Cortes de California (www.sucorte.ca.gov), en el sitio web de los Servicios Legales de California (www.lawhelpca.org) o poniéndose en contacto con el colegio de abogados de su condado.

NOTICE—RESTRAINING ORDERS ARE ON PAGE 2:

These restraining orders are effective against both spouses or domestic partners until the petition is dismissed, a judgment is entered, or the court makes further orders. They are enforceable anywhere in California by any law enforcement officer who has received or seen a copy of them.

AVISO—LAS ÓRDENES DE RESTRICCIÓN SE ENCUENTRAN EN LA PÁGINA 2:

Las órdenes de restricción están en vigencia en cuanto a ambos cónyuges o miembros de la pareja de hecho hasta que se despidan la petición, se emita un fallo o la corte dé otras órdenes. Cualquier agencia del orden público que haya recibido o visto una copia de estas órdenes puede hacerlas acatar en cualquier lugar de California.

FEE WAIVER: If you cannot pay the filing fee, ask the clerk for a fee waiver form. The court may order you to pay back all or part of the fees and costs that the court waived for you or the other party.

EXENCIÓN DE CUOTAS: Si no puede pagar la cuota de presentación, pida al secretario un formulario de exención de cuotas. La corte puede ordenar que usted pague, ya sea en parte o por completo, las cuotas y costos de la corte previamente exentos a petición de usted o de la otra parte.

[SEAL]

1. The name and address of the court are (El nombre y dirección de la corte son):

Superior Court of California, County of Santa Clara
Street: 201 N. First Street, San Jose, CA 95113
Mail: 191 N. First Street, San Jose, CA 95113

2. The name, address, and telephone number of the petitioner's attorney, or the petitioner without an attorney, are: (El nombre, dirección y número telefónico del abogado de la parte demandante si no tiene abogado)

Your legal name
Your address
Your phone number

*****IMPORTANT:** Your contact information will be seen by the Restrained Person so use a SAFE mailing address. It cannot be left blank. You do not need to provide a phone number or email address. ***

Date (Fecha):

Clerk, by (Secretario, por) _____, Deputy (Asistente)

STANDARD FAMILY LAW RESTRAINING ORDERS

Starting immediately, you and your spouse or domestic partner are restrained from:

1. removing the minor children of the parties from the state or applying for a new or replacement passport for those minor children without the prior written consent of the other party or an order of the court;
2. cashing, borrowing against, canceling, transferring, disposing of, or changing the beneficiaries of any insurance or other coverage, including life, health, automobile, and disability, held for the benefit of the parties and their minor children;
3. transferring, encumbering, hypothecating, concealing, or in any way disposing of any property, real or personal, whether community, quasi-community, or separate, without the written consent of the other party or an order of the court, except in the usual course of business or for the necessities of life; and
4. creating a nonprobate transfer or modifying a nonprobate transfer in a manner that affects the disposition of property subject to the transfer, without the written consent of the other party or an order of the court. Before revocation of a nonprobate transfer can take effect or a right of survivorship to property can be eliminated, notice of the change must be filed and served on the other party.

You must notify each other of any proposed extraordinary expenditures at least five business days prior to incurring these extraordinary expenditures and account to the court for all extraordinary expenditures made after these restraining orders are effective. However, you may use community property, quasi-community property, or your own separate property to pay an attorney to help you or to pay court costs.

ÓRDENES DE RESTRICCIÓN ESTÁNDAR DE DERECHO FAMILIAR

En forma inmediata, usted y su cónyuge o pareja de hecho tienen prohibido:

1. *llevarse del estado de California a los hijos menores de las partes, o solicitar un pasaporte nuevo o de repuesto para los hijos menores, sin el consentimiento previo por escrito de la otra parte o sin una orden de la corte;*
2. *cobrar, pedir prestado, cancelar, transferir, deshacerse o cambiar el nombre de los beneficiarios de cualquier seguro u otro tipo de cobertura, como de vida, salud, vehículo y discapacidad, que tenga como beneficiario(s) a las partes y su(s) hijo(s) menor(es);*
3. *transferir, gravar, hipotecar, ocultar o deshacerse de cualquier manera de cualquier propiedad, inmueble o personal, ya sea comunitaria, cuasicomunitaria o separada, sin el consentimiento escrito de la otra parte o una orden de la corte, excepto en el curso habitual de actividades personales y comerciales o para satisfacer las necesidades de la vida; y*
4. *crear o modificar una transferencia no testamentaria de manera que afecte la asignación de una propiedad sujeta a transferencia, sin el consentimiento por escrito de la otra parte o una orden de la corte. Antes de que se pueda eliminar la revocación de una transferencia no testamentaria, se debe presentar ante la corte un aviso del cambio y hacer una entrega legal de dicho aviso a la otra parte.*

Cada parte tiene que notificar a la otra sobre cualquier gasto extraordinario propuesto por lo menos cinco días hábiles antes de realizarlo, y rendir cuenta a la corte de todos los gastos extraordinarios realizados después de que estas órdenes de restricción hayan entrado en vigencia. No obstante, puede usar propiedad comunitaria, cuasicomunitaria o suya separada para pagar a un abogado que lo ayude o para pagar los costos de la corte.

NOTICE—ACCESS TO AFFORDABLE HEALTH INSURANCE:

Do you or someone in your household need affordable health insurance? If so, you should apply for Covered California. Covered California can help reduce the cost you pay towards high quality affordable health care. For more information, visit www.coveredca.com. Or call Covered California at 1-800-300-1506.

AVISO—ACCESO A SEGURO DE SALUD MÁS ECONÓMICO:

¿Necesita seguro de salud a un costo asequible, ya sea para usted o alguien en su hogar? Si es así, puede presentar una solicitud con Covered California. Covered California lo puede ayudar a reducir el costo que paga por seguro de salud asequible y de alta calidad. Para obtener más información, visite www.coveredca.com. O llame a Covered California al 1-800-300-0213.

WARNING—IMPORTANT INFORMATION

California law provides that, for purposes of division of property upon dissolution of a marriage or domestic partnership or upon legal separation, property acquired by the parties during marriage or domestic partnership in joint form is presumed to be community property. If either party to this action should die before the jointly held community property is divided, the language in the deed that characterizes how title is held (i.e., joint tenancy, tenants in common, or community property) will be controlling, and not the community property presumption. You should consult your attorney if you want the community property presumption to be written into the recorded title to the property.

ADVERTENCIA—INFORMACIÓN IMPORTANTE

De acuerdo a la ley de California, las propiedades adquiridas por las partes durante su matrimonio o pareja de hecho en forma conjunta se consideran propiedad comunitaria para fines de la división de bienes que ocurre cuando se produce una disolución o separación legal del matrimonio o pareja de hecho. Si cualquiera de las partes de este caso llega a fallecer antes de que se divida la propiedad comunitaria de tenencia conjunta, el destino de la misma quedará determinado por las cláusulas de la escritura correspondiente que describen su tenencia (por ej., tenencia conjunta, tenencia en común o propiedad comunitaria) y no por la presunción de propiedad comunitaria. Si quiere que la presunción comunitaria quede registrada en la escritura de la propiedad, debería consultar con un abogado.

PARTY WITHOUT ATTORNEY OR ATTORNEY

NAME: **Your Name**
FIRM NAME:
STREET ADDRESS: **Your Address**
CITY:
TELEPHONE NO.:
E-MAIL ADDRESS:

*****IMPORTANT:** Your contact information will be seen by the Restrained Person so use a SAFE mailing address. It cannot be left blank. You do not need to provide a phone number or email address.***

FOR COURT USE ONLY

ATTORNEY FOR (name): **Self-Represented**
SUPERIOR COURT OF CALIFORNIA, COUNTY
STREET ADDRESS: **201 N. First Street**
MAILING ADDRESS: **191 N. First Street**
CITY AND ZIP CODE:
BRANCH NAME: **Family Justice Center Courthouse**

Note: You must write your name and your spouse's or DP's name the exact same way throughout your forms.

SAMPLE ONLY
Do not write on this copy!

PETITIONER: **Your Name**
RESPONDENT: **Your Spouse or Registered Domestic Partner's Name**

PETITION FOR **Check the box that applies** **AMENDED**
 Dissolution (Divorce) of: **Marriage** **Domestic Partnership**
 Legal Separation of: **Marriage** **Domestic Partnership**
 Nullity of: **Marriage** **Domestic Partnership**

CASE NUMBER:
Leave Blank

1. LEGAL RELATIONSHIP (check all that apply):

Check the boxes that apply.

- a. We are married
- b. We are domestic partners and our domestic partnership was established in California.
- c. We are domestic partners and our domestic partnership was NOT established in California.

2. RESIDENCE REQUIREMENTS (check all that apply):

Check the boxes that apply.

- a. Petitioner Respondent has been a resident of this state for at least six months and of this county for at least three months immediately preceding the filing of this *Petition*. (For a divorce, unless you are in the legal relationship described in 1b, at least one of you must comply with this requirement.)
- b. Our domestic partnership was established in California. Neither of us has to be a resident or have a domicile in California to dissolve our partnership here.
- c. We are the same sex, were married in California, but currently live in a jurisdiction that does not recognize, and will not dissolve, our marriage. This *Petition* is filed in the county where we married.

3. STATISTICAL FACTS

Check the boxes that apply and fill in the date of marriage and/or registration, the date of separation and the length of the relationship.

- a. (1) Date of marriage: _____
(3) Time from date of marriage to date of separation (specify): _____ Years _____ Months
- b. (1) Registration date of domestic partnership with the California Secretary of State or other state equivalent (specify below): _____
(2) Date of separation (specify): _____
(3) Time from date of registration of domestic partnership to date of separation (specify): _____ Years _____ Months

4. MINOR CHILDREN

- a. There are no minor children.
- b. The minor children are:

<u>Child's name</u>	<u>Birthdate</u>	<u>Age</u>
---------------------	------------------	------------

Write the minor children's full legal names, birthdates, ages and sex. If you have more than one child together, list them in age order from oldest to youngest.
If any of the children were born before you got married, check Item 6d.
If the father signed a voluntary declaration of paternity, complete box 4d.

- c. (1) continued on Attachment 4b. (2) a child who is not yet born.
- d. If any children listed above were born before the marriage or domestic partnership, the court has the authority to determine those children to be children of the marriage or domestic partnership. **If any of your children were born before you were married and the father signed the voluntary declaration of paternity, check box 4d and attach a copy (if you have one).**
- e. Petitioner and Respondent signed a voluntary declaration of parentage or paternity. (Attach a copy if available.)

PETITIONER: Your Name	CASE NUMBER:
RESPONDENT: Your Spouse or Registered Domestic Partner's Name	<div style="border: 1px solid black; padding: 5px; display: inline-block;"> Leave Blank </div>

Petitioner requests that the court make the following orders:

5. LEGAL GROUNDS (Family Code sections 2200–2210, 2310–2312)

- a. Divorce or Legal separation of the marriage or domestic partnership based on (check one):
 (1) irreconcilable differences. (2) permanent legal incapacity to make decisions.
- b. Nullity
 (1)
- c. Nullity
 (1)
- d. partnership or marriage. (5) force.
 (2) prior existing marriage or domestic partnership. (6) physical incapacity.
 (3) unsound mind. (6) physical incapacity.

Check the appropriate box labeled a through c and the appropriate inside box labeled (1) through (6). See item 5a. for an example.

6. CHILD CUSTODY AND VISITATION (PARENTING TIME)

- a. Legal custody of children to.....
- b. Physical custody of children to.....
- c. Child visitation (parenting time) be granted to.....
 As requested in form FL-311 form FL-312 form FL-341(D) form FL-341(E)
- | | Petitioner | Respondent | Joint | Other |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Legal custody of children to..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Physical custody of children to..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Child visitation (parenting time) be granted to..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| As requested in <input checked="" type="checkbox"/> form FL-311 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> form FL-341(D) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> form FL-341(E) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Attachment 6c(1) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Complete items a-c to tell the court what custody and visitation orders you want.

7. CHILD SUPPORT

- a. If there are minor children born to or adopted by Petitioner and Respondent before or during this marriage or domestic partnership, the court will make orders for the support of the children upon request and submission of financial forms by the requesting party.
- b. An earnings assignment may be issued without further notice.
- c. Any party required to pay support must pay interest on overdue amounts at the "legal" rate, which is currently 10 percent.
- d. Other (specify) _____

You must check a box for Petitioner (you) and Respondent (the other party):
Check box 8a if you want a spousal support order.
Check box 8b if you do not want to pay spousal support to your spouse or DP or if you do not want spousal support paid to you.
Check box 8c if you want to reserve the issue of spousal support so that it may be addressed in the future.

8. SPOUSAL SUPPORT

- a. Spousal or DP support
- b. Terminate (specify) _____
- c. Reserve for future determination
- d. Other (specify) _____

9. SEPARATE PROPERTY

Check the box that applies.

- a. There are no such assets or debts that I know of to be committed by the court.
- b. I confirm as separate property the assets and debts in *Property Declaration* (form FL-160). *Attachment 9b*.
 the following list. Item Confirm to

List any things, money, other property or debts from before marriage or registration or after the date of separation.

Also list anything you or the other party inherited or received as a gift at any time.

Put the name of the person you want to get each of the items you listed.

PETITIONER: <input style="width: 90%;" type="text" value="Your Name"/>	CASE NUMBER: <input style="width: 95%;" type="text"/>
RESPONDENT: <input style="width: 95%;" type="text" value="Your Spouse or Registered Domestic Partner's Name"/>	<input style="width: 100%; height: 20px;" type="text" value="Leave Blank"/>

10. COMMUNITY AND QUASI-COMMUNITY PROPERTY Check the box that applies.

- a. There are no such assets or debts that I know or to be divided by the court.
- b. Determine rights to community and quasi-community assets and debts. All such assets and debts are listed
 - in *Property Declaration* (form FL-160) in Attachment 10b.
 - as follows (*specify*):

List any things, money, other property or debts you and the other party accrued or earned during the marriage or domestic partnership (including house, car, 401(k), pension, debts, credit cards, loans, furniture) no matter whose name it is in!

11. OTHER REQUESTS

- a. Attorney's fees and costs payable by Petitioner Respondent
- b. Petitioner's former name be restored to (*specify*):
- c. Other (*specify*):

Check box 11b and write your full maiden name here if you want it back.

Continued on Attachment 11c.

12. I HAVE READ THE RESTRAINING ORDERS ON THE BACK OF THE SUMMONS, AND I UNDERSTAND THAT THEY APPLY TO ME WHEN THIS PETITION IS FILED.

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 PETITIONER)

Date: _____
(TYPE OR PRINT NAME)

(SIGNATURE OF ATTORNEY FOR PETITIONER)

FOR MORE INFORMATION: Read *Legal Steps for a Divorce or Legal Separation (form FL-107-INFO)* and visit "Families Change" at www.familieschange.ca.gov — an online guide for parents and children going through divorce or separation.

NOTICE: You may redact (black out) social security numbers from any written material filed with the court in this case other than a form used to collect child, spousal or partner support.

NOTICE—CANCELLATION OF RIGHTS: Dissolution or legal separation may automatically cancel the rights of a domestic partner or spouse under the other domestic partner's or spouse's will, trust, retirement plan, power of attorney, pay-on-death bank account, survivorship rights to any property owned in joint tenancy, and any other similar thing. It does not automatically cancel the right of a domestic partner or spouse as beneficiary of the other partner's or spouse's life insurance policy. You should review these matters, as well as any credit cards, other credit accounts, insurance policies, retirement plans, and credit reports, to determine whether they should be changed or whether you should take any other actions. Some changes may require the agreement of your partner or spouse or a court order.



PETITIONER: **Petitioner's name (person who started this case)**
 RESPONDENT: **Respondent's name**
 OTHER PARENT/PARTY:

CASE NUMBER:
LEAVE BLANK

CHILD CUSTODY AND VISITATION (PARENTING TIME) APPLICATION ATTACHMENT

—This is not a court order—

TO Petition Response Request for Order Responsive Declaration to Request for Order
 Other (specify):

1. a. **Custody.** Custody of the minor children of the parties is requested as follows: Attachment 1a.

Child's Name	Date of Birth	Legal Custody to <i>(person who decides about the child's health, education, and welfare)</i>	Physical Custody to <i>(person the child regularly lives with)</i>
List all of the minor children you have with the other party (oldest to youngest): Child #1's name and date of birth Child #2's name and date of birth Child #3's name and date of birth		Who should have legal custody and who should have physical custody? You have three choices: your name, the other parent's name or joint	

b. **Custody with allegations of a history of abuse or substance abuse**

(1) **Complete this section if there is a history of abuse as described in 1.b.(1) or if there is a history of substance abuse as described in 1.b.(2).** to have parent spouse, or the

(2) Petitioner Respondent Other parent/party is (or are) alleged to have the habitual or continual illegal use of controlled substances, or the habitual or continual abuse of alcohol, or the habitual or continual abuse of prescribed controlled substances.

(3) I ask that the court NOT order sole or joint custody of the minor child to the person(s) alleged to have a history of abuse or substance abuse.

(4) Even though there are allegations, I ask that the court make the child custody orders in item 1a.
(Write the reasons why you think it would be good for the children that the person(s) be granted custody, even though there are allegations against them of a history of abuse or substance abuse.)

Below: Attachment 1b. Other (specify):

2. **Visitation (Parenting Time).**

Note: Un **Complete this section with the parenting schedule you are requesting for the parent that does not have the child most of the time.** cases

a. See the attached _____ -page document dated (specify date):

c. The parties will go to child custody mediation or child custody recommending counseling at (specify date, time, and location)

Check here if you want the court to order you and the other party to go to mediation to work out a parenting plan.

d. No visitation (parenting time).

PETITIONER: **Petitioner's name (person who started this case)**
 RESPONDENT: **Respondent's name**
 OTHER PARENT/PARTY:

CASE NUMBER:
LEAVE BLANK

e. Visitation (parenting time). (Specify start and ending date and time. If a **Check one to indicate who will have the parenting schedule listed below.** pl.)
 Petitioner's **Respondent's** **Other Parent's/Party's** parenting schedule

(1) **Weekends starting (date):**

(Note: The first weekend of the month is the first weekend with a Saturday.)

month
 from **Complete this section to request weekend parenting time.** specify: start of school
 after school
 to month specify: start of school
 after school
 (day of week) (time)

(a) The parties will alternate the fifth weekends, with the petitioner respondent other parent/party having the initial fifth weekend, which starts (date):

(b) The petitioner respondent other parent/party will have the fifth weekend in odd even numbered months.

(2) **Alternate weekends starting (date):**

from _____ at _____ a.m. p.m./ if applicable, specify: start of school
 (day of week) (time) after school
 to _____ at _____ a.m. p.m./ if applicable, specify: start of school
 (day of week) (time) after school

(3) **Weekdays starting (date):**

from _____ specify: start of school
 after school
 to _____ specify: start of school
 after school

(4) Other visitation (parenting time) days and restrictions are: [listed in Attachment 2e\(4\)](#)
 as follows:

3. **Visitation (parenting time) with allegations of a history of abuse, substance abuse, or other parenting concerns**

a. **Supervised**

(1) I **Complete this section to ask for supervised parenting time.** have supervised visitation
 want (specify):

(a) Domestic violence, child abuse, or neglect

(b) Substance abuse: the habitual or continual illegal use of controlled substances, or the habitual or continual abuse of alcohol, or the habitual or continual abuse of prescribed controlled substances.

(c) Other parenting concerns (specify below):

(2) The reasons why the court should make the orders are (specify):
 (Write the reasons why you think unsupervised visitation (parenting time) would be bad for the children.)

Below [in Attachment 3a\(2\)](#) Other (specify):

PETITIONER: Petitioner's name (person who started this case) RESPONDENT: Respondent's name OTHER PARENT/PARTY:	CASE NUMBER: <div style="border: 2px solid black; padding: 5px; text-align: center; font-weight: bold;">LEAVE BLANK</div>
--	--

(3) I ask for the following orders about the supervised visitation provider:

(a) Visitation (parenting time) be monitored by (name, if known):

(i) The person or agency is a professional provider. A professional provider must meet the requirements listed in *Declaration of Supervised Visitation Provider (Professional)* ([form FL-324\(P\)](#)) and sign the declaration.

(ii) The person is a nonprofessional provider. That person must meet the requirements listed in *Declaration of Supervised Visitation Provider (Nonprofessional)* ([form FL-324\(NP\)](#)) and sign a declaration.

(iii) The provider's phone number is (specify):

(b) Any costs of supervision be paid as follows: petitioner: _____ percent; respondent: _____ percent.
other parent/party: _____ percent.

b. **Unsupervised visitation (parenting time)**

(Con
abus

Only complete this section if you completed item 1.b. AND are asking for the visitation to be unsupervised. You must explain why this is in the child's best interests despite the allegations of abuse or substance abuse.

d to have a history of
ed to have
current spouse, or

(2) Petitioner Respondent Other parent/party is (or are) alleged to have the habitual or continual illegal use of controlled substances, or the habitual or continual abuse of alcohol, or the habitual or continual abuse of prescribed controlled substances.

(3) Even though there are allegations of a history of abuse or substance abuse, I request that the court order unsupervised visitation to (specify): Petitioner Respondent Other parent/party

(4) The reasons why the court should make the orders are (specify):
(Write the reasons why you think it would be good for the children that the person(s) be granted unsupervised visitation (parenting time) even though there are allegations against them of a history of abuse or substance abuse.)

Below: [in Attachment 3b.](#) Other (specify):

(5) The orders for visitation (parenting time) that you request must be specific as to time, day, place, and manner of transfer of the child, as Family Code section 6323(c) requires.

4. **Transportation for visitation (parenting time) and place of exchange**

Note: In cases of domestic violence, the court must have enough information to make orders that are specific as to the time, place, and manner of transfer of the child, as Family Code section 6323(c).

a. **Complete this section to indicate how the child will be transported for the parenting time.**

b. Transportation to begin the visits will be provided by (name):

c. Transportation from the visits will be provided by (name):

d. The exchange point at the beginning of the visit will be (address):

e. The exchange point at the end of the visit will be (address):

f. During the exchanges, the party driving the children will wait in the car and the other party will wait in the home (or exchange location) while the children go between the car and the home (or exchange location).

g. Other (specify):

PETITIONER: Petitioner's name (person who started this case)	CASE NUMBER:
RESPONDENT: Respondent's name	LEAVE BLANK
OTHER PARENT/PARTY:	

5. **Travel with children** The Petitioner Respondent Other parent/party following places:

Complete this section if you are asking to restrict travel with the minor child(ren).

c. other places (*specify*):

6. **Child abduction prevention.** There is a risk that one of the parties will take the children out of California without the other. **If there is a risk of child abduction, you will check the box and complete form FL-312.**

7. **Children's holiday schedule.** I request the holiday and vacation schedule set out below [on form FL-341\(C\)](#)

Complete this section if you are asking for specific parenting time orders during the holidays or for vacations. You may write in your request here or complete form FL-341(C).

8. **Additional custody provisions.** I request the additional orders for custody set out below [on form FL-341\(D\)](#)

Complete this section if you are asking for additional orders regarding custody. You may write in your request here or complete form FL-341(D).

9. **Joint legal custody provisions.** I request joint legal custody and want the additional orders set out below [on form FL-341\(E\)](#)

Complete this section if you are asking for additional orders regarding joint legal custody. You may write in your request here or complete form FL-341(E).

10. **Other.** I request the following additional orders (*specify*):

Complete this section if you are asking for other orders about the minor child(ren) that are not addressed anywhere else on this form.

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Your name</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Your address</div> TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY <h1 style="margin: 0;">SAMPLE ONLY</h1> <h2 style="margin: 0;">Do not write on this copy!</h2>
SUPERIOR COURT OF CALIFORNIA, COUNTY OF Santa Clara STREET ADDRESS: 201 N. First Street MAILING ADDRESS: 191 N. First Street CITY AND ZIP CODE: San Jose, CA 95113 BRANCH NAME: _____	
PETITIONER: _____ RESPONDENT: <div style="border: 1px solid black; padding: 2px;">Petitioner's name</div> OTHER PARTY: <div style="border: 1px solid black; padding: 2px;">Respondent's name</div>	
GUARDIANSHIP OF (Name): <div style="border: 1px solid black; padding: 2px;">Leave blank</div> Minor	CASE NUMBER: <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">Your Court Case #, if you have one</div>
DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA)	

1. I am a party to this proceeding to determine custody of a child.
2. My present address and the

of children you have WITH the other party

 Family Code section 3429 as I have indicated in item 3.
3. There are (specify number): minor children who are subject to this proceeding, as follows:
(Insert the information requested below. The residence information must be given for the last FIVE years.)

a. Child's name Child #1'S name (oldest child)	Place of birth For example: San Jose, CA	Date of birth Child's Birthdate	Sex M OR F
Period of residence 1/05 to present	Address 123 Maple Street, San Jose, CA <input type="checkbox"/> Confidential	Person child lived with (name and complete current address) John Smith, Same address <input type="checkbox"/> Confidential	Relationship Father
3/00 to 1/05	Child's residence (City, State) Milpitas, CA	Person child lived with (name and complete current address) Sally Doe, 543 Oak St., San Jose, CA	Mother

Above is an example of how to complete this form. This form asks you to show where the child has lived for the last 5 years and who has lived with the child. Start with the child's current address and work backwards for the last 5 years. If you can't remember or don't know the exact addresses, put as much as you know.

b. Child's name Child #2'S name (next oldest child)	Place of birth For example: San Jose, CA	Date of birth Child's Birthdate	Sex M OR F
<input type="checkbox"/> Residence information is the same as given above for child a. (If NOT the same, provide the information below.)			
Period of residence to present	Address <input type="checkbox"/> Confidential	Person child lived with (name and complete current address) <input type="checkbox"/> Confidential	Relationship

If there are more children, fill out item 2 (and attachment form FL-105(A) if there are 3 or more children). If the additional children have the same address information as the oldest child, check the box in item b. saying it is the same. If the address information is different then complete the entire address section.

- c. Additional residence information for a child listed in item a or b is continued on attachment 3c.
- d. Additional children are listed on form FL-105(A)/GC-120(A). (Provide all requested information for additional children.)

SHORT TITLE: <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 90%;">Petitioner's last name v. Respondent's last name</div>	CASE NUMBER: <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 90%;">Your Court Case #, if you have one</div>
--	--

4. Do you have information about, or have you participated as a party or as a witness or in or custody or visitation proceeding, in California or elsewhere, concerning a child subject to this proceeding?
 Yes No *(If yes, attach a copy of the orders (if you have one) and provide the following information):*

Proceeding	Case number	Court <i>(name, state, location)</i>	Court order or judgment <i>(date)</i>	Name of each child	Your connection to the case	Case status
a. <input type="checkbox"/> Family						
b. <input type="checkbox"/> Guardianship						
c. <input type="checkbox"/> Other						

If you know about any other court cases involving the child(ren) in this case check "yes" above and complete this section.

Proceeding	Case Number	Court <i>(name, state, location)</i>
d. <input type="checkbox"/> Juvenile Delinquency/ Juvenile Dependency		
e. <input type="checkbox"/> Adoption		

5. One or more domestic violence restraining/protective orders are now in effect. *(Attach a copy of the orders if you have one and provide the following information):*

Court	County	State	Case number <i>(if known)</i>	Orders expire <i>(date)</i>
a. <input type="checkbox"/> Criminal				
b. <input type="checkbox"/> Family				
c. <input type="checkbox"/> Juvenile Delinquency/ Juvenile Dependency				
d. <input type="checkbox"/> Other				

If there are any restraining orders in place, check the box next to the type of court that made the orders and fill in the case information here.

6. Do you know of any person who is not a party to this proceeding who has physical custody or claims to have custody of or visitation rights with any child in this case? Yes No *(If yes, provide the following information):*

a. Name and address of person	b. Name and address of person	c. Name and address of person
If you think you should fill out this area, check with staff first.		
<input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights	<input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights	<input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights
Name of each child	Name of each child	Name of each child

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

Date: **Today's date**

Print your name _____
 (TYPE OR PRINT NAME)

Sign your name _____
 (SIGNATURE OF DECLARANT)

7. Number of pages attached: _____

NOTICE TO DECLARANT: You have a continuing duty to inform this court if you obtain any information about a custody proceeding in a California court or any other court concerning a child subject to this proceeding.

SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA CLARA STREET ADDRESS: 201 North First Street, San José, CA 95113 MAILING ADDRESS: 191 North First Street CITY AND ZIP CODE: San José, California 95113 BRANCH NAME: Family Justice Center	<i>FOR COURT USE ONLY</i> SAMPLE ONLY Do not write on this copy!
PETITIONER: <input type="text" value="Your Name"/>	CASE NUMBER: <input type="text" value="Leave Blank"/>
RESPONDENT: <input type="text" value="Other Party's Name"/>	
FAMILY LAW NOTICE Dissolution/Legal Separation/Nullity/Parentage	

PLEASE READ THIS ENTIRE FORM

Your case has been assigned to Judge in Department for all purposes at the Family Courthouse Located at: 201 North First Street, San José, CA 95113.

TO THE PETITIONER (the person who started the case): You must serve a copy of this notice on the other party. **YOU CANNOT SERVE THE OTHER PARTY YOURSELF.**

TO THE RESPONDENT (the person who did not start the case): If you want to protect your rights and participate in this case, you must file a Response with the Court within **30 days** of being served.

RULES FOR THE STATUS CONFERENCE:

You must follow the California Rules of Court, the Superior Court of California, County of Santa Clara Local Family Law Rules and you must use the correct forms. You can access the California Rules of Court and Judicial Council forms at www.courts.ca.gov/rules.htm and the Local Family Law Rules and Local forms at www.scscourt.org.

A final Judgment will NOT be entered in your case automatically. You must take further action to finish your case!

IF YOU NEED HELP:

- Please visit the Self Help section on the Court's website at www.scscourt.org
- For a low cost consultation with a private attorney contact the Santa Clara County Bar Association at (408) 971-6822 (or www.sccbba.com).
- You can also email, call or Live Chat the Court's Self Help Center by going to www.scscourt.org, then click "Contact the Self Help Center".

If, after reviewing the Court's website or other information, you would like to schedule a Status Conference to review the status of your case and next steps to finish it, you may contact the Family Court Clerk's Office at (408) 534-5600 or visit them in person at one of the three courthouses listed above during regular Court business hours. **The purpose of the Status Conference is to review your case's progress; it is not the date when your case is actually finished.**

CLETS-001 Confidential Information for Law Enforcement

Instructions: If you are asking for a restraining order, you must complete this form and give it to the court clerk, along with the other court forms required in your case. If the judge grants the restraining order, information you give on this form will be entered into a database (called CLETS) to help law enforcement enforce the order. If information changes later, you may complete this form again and turn it in to the court.

To Court Clerk: Do not file this form. The information on this form must be entered into the protective order registry in CLETS.

Court fills in case number when form is received.

**Your Case Number, if you have one
Do NOT list police report #'s**

**Date this form
is turned in**

Date received by court: _____

Information that has a star (*) next to it is required. All other information is helpful.

1 Person You Want a Restraining Order Against

*Name: **Restrained Person's Name and Address** Address: _____
City: _____ State: _____ Zip: _____

Other names used: **List any other names the Restrained Person uses, DOB and gender** D.O.B.: _____ Gender: _____

Marks, scars, or tattoos: _____
Telephone: _____

Vehicle type: _____
Name of employer: _____

Does the person speak any language other than English? _____
Complete as much information as possible about the restrained person

Does the person have any firearms (guns), firearm parts, or ammunition?

No Yes
If the Restrained Person have any firearms, firearm parts or ammunition, describe what items they have in as much detail as possible and indicate where they are kept, if known.

2 *Your Name: **Your Name**

(Skip 3 and 4 if you are asking for a gun violence restraining order (form GV-100).)

3 Your information

*Age: _____ X (nonbinary)
Race: _____

Do you speak English? Yes No (list language): _____

4 Other People You Want Protected

*Name: _____ Birth: _____
*Name: _____ Birth: _____
*Name: _____ Gender: _____ Race: _____ Date of Birth: _____

*Name: _____ *Gender: _____ Race: _____ Date of Birth: _____

Check and attach _____ of paper and write "Item 3" at the top
If you are asking to protect more than 4 additional people, ask the Restraining Order Help Center staff for an attachment.

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

Clerk stamps date here when form is filed.

SAMPLE ONLY
Do not write on this copy!

If you are getting public benefits, are a low-income person, or do not have enough income to pay for your household's basic needs and your court fees, you may use this form to ask the court to waive your court fees. The court may order you to answer questions about your finances. If the court waives the fees, you may still have to pay later if:

- You cannot give the court proof of your eligibility,
- Your financial situation improves during this case, or
- You settle your civil case for **\$10,000** or more. The trial court that waives your fees will have a lien on any such settlement in the amount of the waived fees and costs. The court may also charge you any collection costs.

Fill in court name and street address:

Superior Court of California, County of

Fill in case number and name:

Case Number:
YOUR CASE NUMBER, if you have one

Case Name:
PETITIONER'S NAME V. RESPONDENT'S NAME

1 Your Information (person asking the court to waive the fees):

Name: **YOUR NAME**

Street or mailing address: **YOUR ADDRESS**

City: _____ State: _____ Zip: _____

Phone: **YOUR PHONE NUMBER**

2 Your Job, if you have one (job title):

YOUR JOB TITLE

Name of employer: **WHO DO YOU WORK FOR?**

Employer's address: **WHERE IS YOUR WORK LOCATED?**

3 Your Lawyer, if you have one (name, firm or affiliation, address, phone number, and State Bar number):

a. The lawyer has agreed to advance all or a portion of your fees or costs (check one): Yes No

b. (If yes, your lawyer must sign here) Lawyer's signature: _____
If your lawyer is not providing legal-aid type services based on your low income, you may have to go to a hearing to explain why you are asking the court to waive the fees.

4 What court's fees or costs are you asking to be waived?

- Superior Court (See Information Sheet on Waiver of Superior Court Fees and Costs (form FW-001-INFO).)
- Supreme Court, California
- Appellate Court, California

CHECK THE BOX(ES) BELOW THAT APPLY TO YOU

5 Why are you asking the court to waive your court fees?

- a. I receive (check all that apply; see form FW-001-INFO):
- Food Stamps Supp. Sec. Inc. CalWORKS or Tribal TANF Other
- b. My gross monthly household income (If you check 5b, you must fill out 7, 8, and 9 on the next page.)

Family Size	Family Income	Family Size
1	\$2,510.00	3
2	\$3,406.67	4

- c. I do not have enough income to pay for my household's basic needs (check one and you **must** fill out page 2 of this form):
- waive all court fees and costs
 - waive some of the court fees
 - let me make payments over time

*******NOTE*******

IF YOU CHECK 5a, YOU DO NOT HAVE TO COMPLETE THE FINANCIAL INFORMATION ON THE NEXT PAGE.

IF YOU CHECK 5b, YOU MUST COMPLETE ITEMS 7, 8, AND 9 ON THE NEXT PAGE ONLY

IF YOU CHECK 5c, YOU MUST COMPLETE EVERY ITEM ON THE NEXT PAGE.

assist. IHSS
amount listed below. (If

If more than 6 people at home, add \$896.67 for each extra person.

s. I ask the court to:

6 Check here if you asked the court to waive your court fees for this case in the last six months. (If your previous request was denied, you must fill out this form and check here):

I declare under penalty of perjury that the information I have provided on this form and all attachments is true and correct.

CHECK HERE IF IT APPLIES TO YOU

Date: **TODAY'S DATE**

PRINT YOUR NAME HERE

SIGN YOUR NAME HERE

Print your name here

Sign here



Your name: YOUR NAME

Case Number: YOUR CASE NUMBER, if you have one

If you
If you
sheet

BELOW IS ONLY AN EXAMPLE OF HOW TO COMPLETE THIS FORM.

IF YOU CHECKED ITEM 5B, COMPLETE ITEMS 7, 8 AND 9.

IF YOU CHECKED ITEM 5C, COMPLETE THE ENTIRE PAGE.

attach a

7 Check here if your income changes a lot from month to month. If it does, complete the form based on your average income for the past 12 months.

8 Your Gross Monthly Income

a. List the source and amount of **any** income you get each month, including: wages or other income from work before deductions, spousal/child support, retirement, social security, disability, unemployment, military basic allowance for quarters (BAQ), veterans payments, dividends, interest, trust income, annuities, net business or rental income, reimbursement for job-related expenses, gambling or lottery winnings, etc.

(1) **Wages** \$1,200
(2) **Child Support** \$ 400
(3) _____ \$ _____
(4) _____ \$ _____

b. Your total monthly income: \$1,600

9 Household Income

a. List the income of all other persons living in your home who depend in whole or in part on you for support, or on whom you depend in whole or in part for support.

Name	Age	Relationship	Gross Monthly Income
(1) Mary Smith	41	WIFE	<u>\$ 700</u>
(2) Joe Smith Jr	10	SON	<u>\$ 0</u>
(3) _____	_____	_____	<u>\$ _____</u>
(4) _____	_____	_____	<u>\$ _____</u>

b. Total monthly income of persons above: \$ 700

Total monthly income and household income (8b plus 9b): \$2,300

10 Your Money and Property

a. Cash \$ 20

b. All financial accounts (List bank name and amount):

(1) **Wells Fargo Checking** \$ 200
(2) _____ \$ _____
(3) _____ \$ _____

c. Cars, boats, and other vehicles

Make / Year	Fair Market Value	How Much You Still Owe
(1) '01 Ford Explorer	<u>\$ 3,000</u>	<u>\$ 0</u>
(2) _____	<u>\$ _____</u>	<u>\$ _____</u>
(3) _____	<u>\$ _____</u>	<u>\$ _____</u>

d. Real estate

Address	Fair Market Value	How Much You Still Owe
(1) NONE	<u>\$ _____</u>	<u>\$ _____</u>
(2) _____	<u>\$ _____</u>	<u>\$ _____</u>

e. Other personal property (jewelry, furniture, furs, stocks, bonds, etc.):

Describe	Fair Market Value	How Much You Still Owe
(1) NONE	<u>\$ _____</u>	<u>\$ _____</u>
(2) _____	<u>\$ _____</u>	<u>\$ _____</u>

11 Your Monthly Deductions and Expenses

a. List any payroll deductions and the monthly amount below:

(1) **Federal Taxes** \$ 150
(2) **State Taxes** \$ 75
(3) **Insurance** \$ 50
(4) _____ \$ _____

b. Rent or house payment & maintenance \$ 1175

c. Food and household supplies \$ 300

d. Utilities and telephone \$ 0

e. Clothing \$ 0

f. Laundry and cleaning \$ 0

g. Medical and dental expenses \$ 0

h. Insurance (life, health, accident, etc.) \$ 0

i. School, child care \$ 0

j. Child, spousal support (another marriage) \$ 0

k. Transportation, gas, auto repair and insurance \$ 0

l. Installment payments (list each below):

Paid to:

(1) **American Express** \$ 150
(2) _____ \$ _____
(3) _____ \$ _____

m. Wages/earnings withheld by court order \$ 0

n. Any other monthly expenses (list each below).

Paid to: How Much?

(1) _____ \$ _____
(2) **Cell Phone** \$ 60
(3) _____ \$ _____

Total monthly expenses (add 11a –11n above): \$2,240

To list any other facts you want the court to know, such as unusual medical expenses, etc., attach form MC-025 or attach a sheet of paper and write Financial Information and your name and case number at the top.

Check here if you attach another page.

Important! If your financial situation or ability to pay court fees improves, you must notify the court within five days on form FW-010.

**Order on Court Fee Waiver
(Superior Court)**

Clerk stamps date here when form is filed.

**SAMPLE
ONLY
Do not write
on this copy!**

1 Person who asked the court to waive court fees:
Name: YOUR NAME
Street or mailing address: YOUR ADDRESS
City: _____ State: _____ Zip: _____

2 Lawyer, if person in 1 has one (name, firm name, address, phone number, e-mail, and State Bar number):
SELF-REPRESENTED

3 A request to waive court fees was filed on (date): DATE FILED
 The court made a previous fee waiver order in this case on (date): _____

Fill in court name and street address:
Superior Court of California, County of

Fill in case number and name:
Case Number:
YOUR CASE NUMBER, IF YOU HAVE ONE
Case Name:
PETITIONER'S NAME V. RESPONDENT'S NAME

Read this form carefully. All che

**CHECK AND COMPLETE IF YOU HAVE HAD
FEES WAIVED IN THIS CASE BEFORE**

Notice: The court may order you to answer questions about your finances and later order you to pay back the waived fees. If this happens and you do not pay, the court can make you pay the fees and also charge you collection fees. If there is a change in your financial circumstances during this case that increases your ability to pay fees and costs, you must notify the trial court within five days. (Use form FW-010.) If you win your case, the trial court may order the other side to pay the fees. If you settle your civil case for **\$10,000** or more, the trial court will have a lien on the settlement in the amount of the waived fees. The trial court may not dismiss the case until the lien is paid.

4 After reviewing the court may **LEAVE THE REST OF THIS PAGE BLANK** *al Court Fees*

- a. The court **grants** your request, as follows:
 - (1) **Fee Waiver.** The court grants your request and waives your court fees and costs listed below. (*Cal. Rules of Court, rules 3.55 and 8.818.*) You do not have to pay the court fees for the following:
 - Filing papers in superior court
 - Making copies and certifying copies
 - Sheriff's fee to give notice
 - Reporter's fee for attendance at hearing or trial, if the court is not electronically recording the proceeding and you request that the court provide an official reporter
 - Assessment for court investigations under Probate Code section 1513, 1826, or 1851
 - Preparing, certifying, copying, and sending the clerk's transcript on appeal
 - Holding in trust the deposit for a reporter's transcript on appeal under rule 8.130 or 8.834
 - Making a transcript or copy of an official electronic recording under rule 8.835
 - Court fee for phone hearing
 - Giving notice and certificates
 - Sending papers to another court department
 - (2) **Additional Fee Waiver.** The court grants your request and waives your additional superior court fees and costs that are checked below. (*Cal. Rules of Court, rule 3.56.*) You do not have to pay for the checked items.
 - Jury fees and expenses
 - Fees for court-appointed experts
 - Other (specify): _____
 - Fees for a peace officer to testify in court
 - Court-appointed interpreter fees for a witness

Your name: YOUR NAME

Case Number:
YOUR CASE NUMBER, IF YOU HAVE ONE

b. The court

Warning
you filed

court papers
used.

(1) Your request
on next

the date of service

**LEAVE THE REST
OF THIS PAGE
BLANK**

(2) The
request

the waiver you

The court has enclosed a blank *Request for Hearing About Court Fee Waiver Order (Superior Court)* (form FW-006). You have **10 days** after the clerk gives notice of this order (see date of service below) to:

- Pay your fees and costs in full or the amount listed in c below, or
- Ask for a hearing in order to show the court more information. (*Use form FW-006 to request hearing.*)

c. (1) The court needs more information to decide whether to grant your request. You must go to court on the date on page 3. The hearing will be about the questions regarding your eligibility that are stated:
 Below On Attachment 4c(1)

(2) Bring the items of proof to support your request, if reasonably available, that are listed:
 Below On Attachment 4c(2)

This is a Court Order.

Your name: YOUR NAME

Case Number:
YOUR CASE NUMBER, IF YOU HAVE ONE

Hearing Date

Warning! If request to w process the dismissed.

Date:

LEAVE THE REST OF THIS PAGE BLANK

ferent from above:

will deny your line, the court cannot e appeal may be

Clerk, Deputy

Request for Accommodations



Assistive listening systems, computer-assisted real-time captioning, or sign language interpreter services are available if you ask at least five days before the hearing. Contact the clerk's office for Request for Accommodations by Persons With Disabilities and Response (form MC-410). (Civ. Code, § 54.8.)

Clerk's Certificate of Service

I certify that I am not involved in this case and (check one):

- I handed a copy of this Order to the party and attorney, if any, listed in ① and ②, at the court, on the date below.
- This order was mailed first class, postage paid, to the party and attorney, if any, at the addresses listed in ① and ②, from (city): _____, California, on the date below.
- A certificate of mailing is attached.

Date: _____

Clerk, by _____, Deputy
Name: _____

This is a Court Order.

PARTY WITHOUT ATTORNEY or ATTORNEY STATE BAR NO.: NAME: Your Legal Name FIRM: Your Address STREET: _____ CITY: _____ TELEPHONE NO.: _____ E-MAIL ADDRESS: _____ ATTORNEY FOR (name): Self-Represented	FOR COURT USE ONLY <h1 style="margin: 0;">SAMPLE ONLY</h1> <h2 style="margin: 0;">Do not write on this copy!</h2>
SUPERIOR COURT OF CALIFORNIA, COUNTY OF Santa Clara STREET ADDRESS: 201 N. First Street, San Jose, CA 95113 MAILING ADDRESS: 191 N. First Street, San Jose, CA 95113 CITY AND ZIP CODE: _____ BRANCH NAME: Family Justice Center Court House	
PETITIONER: Your Legal Name	
RESPONDENT: Your Spouse or Registered Domestic Partner's Legal Name	
PROOF OF SERVICE OF SUMMONS	CASE NUMBER: Leave Blank

1. At the time of service I was at least 18 years of age and not a party to this action. I served the respondent with copies of:
- a. Family Law: *Petition—Marriage/Domestic Partnership* (form [FL-100](#)), *Summons* (form [FL-110](#)), and blank *Response—Marriage/Domestic Partnership* (form [FL-120](#))
 - or-
 - b. Uniform Parentage: *Petition to Determine Parental Relationship* (form [FL-200](#)), *Summons* (form [FL-210](#)), and blank *Response to Petition to Determine Parental Relationship* (form [FL-220](#))
 - or-
 - c. Custody and Support: *Petition for Custody and Support of Minor Children* (form [FL-260](#)), *Summons* (form [FL-210](#)), and blank *Response to Petition for Custody and Support of Minor Children* (form [FL-270](#))
 - d. (1) Completed and blank *Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA)* (form [FL-105](#))
 - (2) Completed and blank *Declaration of Disclosure* (form [FL-140](#))
 - (3) Completed and blank *Schedule of Assets and Debts* (form [FL-142](#))
 - (4) Completed and blank *Income and Expense Declaration* (form [FL-150](#))
 - (5) Completed and blank *Financial Statement (Simplified)* (form [FL-155](#))
 - (6) Completed and blank *Property Declaration* (form [FL-160](#))
 - (7) *Request for Order* (form [FL-300](#)), and blank *Responsive Declaration to Request for Order* (form [FL-320](#))
 - (8) Other (specify): DV-109; DV-110; DV-140; DV-100; DV-105; blank DV-120; DV-800; DV-800-INFO; FL-311; local form FM-1013; local form FM-1047; ADR Options (FM-1021); Family Law Notice (FM-1050)

Mark the boxes of any attached forms.

2. Address where respondent was served:
The server writes in the address where the other party was served (handed) a copy of the filed court papers.

3. I served the respondent by the following means (check proper boxes):
- a. **Personal service.** I personally delivered the copies to the respondent (Code Civ. Proc., § 415.40) on (date): Date of Service at (time): Time of Service (include AM or PM)
 - b. **Substituted service.** I left the copies with or in the presence of (name): _____ who is (specify title or relationship to respondent): _____
 - (1) **(Business)** a person at least 18 years of age who was apparently in charge at the office or usual place of business of the respondent. I informed the person of the general nature of the papers.
 - (2) **(Home)** a competent member of the household (at least 18 years of age) at the home of the respondent. I informed the person of the general nature of the papers.

on (date): _____ at (time): _____
 I thereafter mailed additional copies (by first class, postage prepaid) to the respondent at the place where the copies were left (Code Civ. Proc., § 415.20b) on (date): _____

A **declaration of diligence** is attached, stating the actions taken to first attempt personal service.

PETITIONER: Your Legal Name	CASE NUMBER:
RESPONDENT: Your Spouse or Registered DP's Legal Name	Leave Blank

3. c. **Mail and acknowledgment service.** I mailed the copies to the respondent, addressed as shown in item 2, by first-class mail, postage prepaid, on (date): _____ from (city): _____
- (1) with two copies of the *Notice and Acknowledgment of Receipt* (form [FL-117](#)) and a postage-paid return envelope addressed to me. (**Attach completed *Notice and Acknowledgment of Receipt* (form [FL-117](#)).**) (Code Civ. Proc., § 415.30.)
- (2) to an address outside California (by registered or certified mail with return receipt requested). (**Attach signed return receipt or other evidence of actual delivery to the respondent.**) (Code Civ. Proc., §§ 415.40, 417.20.)
- d. **Other** (specify code section): _____
- Continued on [Attachment 3d](#).

4. **Person** _____

Name: Name of Server (Person who handed the papers to the other party)

Address: _____

Street Address: Server's Address

City: _____ State: _____ Zip Code: _____

Telephone number: Server's Phone Number

This person is

- a. exempt from registration _____s and Professions Code section 22350(b).
- b. **Check one** not a registered California process server.
- c. a registered California process server: an employee or an independent contractor
- (1) Registration no.: _____
- (2) County: _____
- (3) **The fee** for service was (specify): \$ _____

5. **I declare** under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
- or-
6. **I am a California sheriff, marshal, or constable**, and I certify that the foregoing is true and correct.

Date: Date Server Signs

Server prints their name here

(NAME OF PERSON WHO SERVED PAPERS)

Server signs here

(SIGNATURE OF PERSON WHO SERVED PAPERS)