

# SAMPLE

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

With Children

*(optional Spousal Support)*

***Updated 1/1/2026***



ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state <b>Your Name</b> <span style="border: 1px solid black; padding: 2px;">Your Legal Name</span> <b>Your Mail</b> <span style="border: 1px solid black; padding: 2px;">Your Address</span> <b>City, State</b> <span style="border: 1px solid black; padding: 2px;"></span>		<b>***IMPORTANT:</b> 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): <b>Self Represented</b>		<div style="border: 1px solid black; padding: 10px; display: inline-block;"> <b>STAFF WILL STAMP</b>  <b>ADDRESS HERE</b>  <div style="border: 1px solid black; width: 40px; height: 40px; margin: 5px auto;"></div> </div>	
<b>SUPERIOR COURT OF CALIFORNIA</b> STREET ADDRESS: <b>201 N. F</b> MAILING ADDRESS: <b>191 N. F</b> CITY AND ZIP CODE: BRANCH NAME: <b>Family Justice Center Courthouse</b>			
PETITIONER: <span style="border: 1px solid black; padding: 2px;">Your Legal Name</span> RESPONDENT: <span style="border: 1px solid black; padding: 2px;">Restrained Person's Legal Name</span>			
<b>DECLARATION IN SUPPORT OF EX PARTE APPLICATION FOR ORDERS</b>		CASE NUMBER: <div style="border: 1px solid black; padding: 10px; text-align: center;"> <b>LEAVE BLANK</b>          The Clerk will fill this in.       </div>	
DEPARTMENT NUMBER: FCS NUMBER:			

I, the undersigned, declare:

1. I am (choose one):
 

☐ attorney for Petitioner  
☒ self-represented Petitioner  
☐ other (explain):

☐ attorney for Respondent  
☐ self-represented Respondent

☐ attorney for child(ren)
2. ~~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: \_\_\_\_\_
3. **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: \_\_\_\_\_
4. **OTHER APPLICATIONS:** For another party, ☐ have ☐ have not made previous application(s) on the same issue. Orders were ☐ Yes ☐ No Check the boxes that apply and explain in your declaration.
5. **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 a copy of the notice by the following method (check one below):
 

☐ In person/te ☐ Written conf
  - b. **I ask the Court to give facts that show the space provided for the Domestic Violence Prevention Act. Check all that apply. In your declaration, you must explain why the Restrained Person is the subject of the request for emergency orders. Provide documentation of this agreement, and/or, children who may be affected by the subject to disposition matter that is the subject**

**LEAVE THIS SECTION BLANK**

PETITIONER:	<div style="border: 1px solid black; padding: 2px;">Your Legal Name</div>	CASE NUMBER
RESPONDENT:	<div style="border: 1px solid black; padding: 2px;">Your Spouse's Legal Name</div>	<div style="border: 1px solid black; padding: 5px; text-align: center;">LEAVE BLANK The Clerk will fill this in.</div>

☐ 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.

TODAY'S DATE

Date

PRINT YOUR NAME

Print Name

SIGN YOUR NAME

Signature of Declarant



PETITIONER:	<div style="border: 1px solid black; padding: 2px;">Your Legal Name</div>	CASE NUMBER
RESPONDENT:	<div style="border: 1px solid black; padding: 2px;">Your Spouse's Legal Name</div>	<div style="border: 1px solid black; padding: 5px; text-align: center;">LEAVE BLANK The Clerk will fill this in.</div>

### **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 forms)

## 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

## ③ Notice of Hearing

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

Court fills in case number when form is filed.

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



**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](http://www.courts.ca.gov/find-my-court.htm)

At the hearing, the court must consider whether failure to make any of the orders requested by the person in ① might risk the safety of the person in ① or any children listed on form DV-105. If child or spousal support was requested, the court must consider whether failure to make support orders would risk the safety of the person in ① or any children listed on form DV-105.

To the per

- If you
- If you
- After y

**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.**

order  
cars.



Case Number:

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

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up to \$1,000 or other court penalties.

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**
- f. ☒ Other (specify): Local form FM-1013 Decl. in Support of Ex Parte Application; Local form FM-1047 How to 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 ④a(2) or ④a(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](http://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



☒ Original Order      ☐ Amended Order

Clerk stamps date here when form is filed.

**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: \_\_\_\_\_

\*Gender: ☐ \_\_\_\_\_

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

Height: \_\_\_\_\_

Hair Color: \_\_\_\_\_

Relationship to \_\_\_\_\_

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.)

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

**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.

through (12).

Full name \_\_\_\_\_

Relationship to person in (1) \_\_\_\_\_

Age \_\_\_\_\_

☐

Check here if Protected Person

**Check this box 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)**



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

**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 (21). 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 that law enforcement agency.

**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): _____

**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** **No Body Armor**

You cannot own, possess, or buy body armor (defined in Penal Code section 16288). You must relinquish any body armor you have in your possession.

**Complete items 10 - 20 to ask for the orders you want in place until your hearing date.**

**9** **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.**

**10** **Order to Not Abuse** ☐ **Do not check any boxes if you want an order as follows:**  
**You must not do the following: 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.**



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

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

**11 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 11a:

**Complete this section if you want exceptions to the "no-contact" order.** about your

(2) ☐ You may have contact with your children only 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.

**12 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)

☐ **Choose the places you want the other party to stay away from.**

☐ Job or workplace of person in (1).

☐ Children's school or child care.

☐ Vehicle of person in (1).

☐ Other (explain): \_\_\_\_\_

- b. ☐ Exception to 12a:

**Complete this section if you want exceptions to the "stay-away" order.**

\_\_\_\_\_ peacefully.

(2) ☐ For you to visit with your children for court-ordered contact or visits.

(3) ☐ Other (explain): \_\_\_\_\_

**13 Order to Move Out**    ☐ Not requested    ☐ Denied until the hearing    ☐ Granted as follows:

**Complete this section if the other party lives with you and you want them to move out.**

(address). \_\_\_\_\_

**14 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.**



Case Number:

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

- 15 Child Care** ☐ Not requested ☐ Denied until the hearing ☐ Granted as follows:  
Granted on 

Leave blank

  
☐ (list other orders) \_\_\_\_\_

- 16 Protect Animals** ☐ Not requested ☐ Denied until the hearing ☐ Granted as follows:

**Complete this section if you have animals you want possession of or need protection for, otherwise mark "Not requested".** \_\_\_\_\_ the animals.

- 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
<div style="border: 1px solid black; padding: 2px;">Fluffy</div>	<div style="border: 1px solid black; padding: 2px;">Rabbit</div>	<div style="border: 1px solid black; padding: 2px;">Mini Lop</div>	<div style="border: 1px solid black; padding: 2px;">White and Brown</div>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

- 17 Control of Property** ☐ Not requested ☐ Denied until the hearing ☐ Granted as follows:

**Complete this section if there is property you want to use or have control of before the hearing, otherwise mark "Not requested". For vehicles, include the license plate or VIN #, otherwise the order may not be enforceable.** \_\_\_\_\_

- 18 Health and Other Insurance** ☐ Not requested ☐ Denied until the hearing ☐ Granted as follows:

**Complete this section if you want the court to require any insurance that is currently in place to remain in place until the court date.** \_\_\_\_\_

whom support may be ordered, or both.

- 19 Record Communication**

Leave blank. This order allows you to record communication that is in violation of the temporary restraining order.

 as follows:  
The person in **1** may \_\_\_\_\_

**This is a Court Order.**



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

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

- (20) Property Restraint**    ☐ Not requested    ☐ Denied until the hearing    ☐ Granted as follows:

**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.**

must not contact the person in (1). To notify the person in (1) of new or big expenses, have a server mail or personally give the information to the person in (1) or contact their lawyer, if they have one.)

- (21) Pay Debts Owed for Property**    ☐ Not requested    ☐ Denied until the hearing    ☐ Granted as follows:

**Complete this section if you want the other party to pay for any debts owed before the hearing, otherwise mark "Not requested".**

Pay to: \_\_\_\_\_ For: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Due date: \_\_\_\_\_  
Pay to: \_\_\_\_\_ For: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Due date: \_\_\_\_\_

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

- (23) 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 a copy of this order to the sheriff.

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

- (24) ☒ 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 (11) and (12) 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 (11) 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.)

**Instructions to Clerk:** You must give up to three free (certified, stamped, and endorsed) copies of this order to the protected party.

**—Clerk's Certificate—**

*Clerk's Certificate*  
[seal]

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*): ☐ Form DV-110 ☐ Form DV-130 ☐ Form DV-310

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

Relationship to children: ☒ Parent ☐ Legal 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: ☒ Parent ☐ Legal Guardian ☐ Other (*describe*): \_\_\_\_\_

**3 ☒ Children Under 18 Years Old**

a. Name: **List the minor child(ren) you have together, oldest to youngest.** \_\_\_\_\_

b. Name: \_\_\_\_\_

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 **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

d. ☐ Other place(s) (*list*): South Bay Counties: Santa Clara, Alameda, Monterey Marin, Stanislaus, Merced, Contra Costa, San Mateo, San Francisco, San Joaquin, San Benito & Santa Cruz \_\_\_\_\_

e. Item 4d applies to the Restrained Party only.

**This is a Court Order.**

Case Number:

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

**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

☐ Child's employers (including volunteer and unpaid positions)

☐ School and daycare providers

☐ Extracurricular activity providers (including summer camps and sports teams)

☐ Other (describe): \_\_\_\_\_

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

**6** ☐ **Judge's Decision on Request for Orders to Prevent Child Abduction** (attach form DV-145)

**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. Legal Custody (The person who makes decisions about the child's health, education, and welfare.)

☐ Sole to Person in **1** ☐ Jointly (shared) by persons in **1** and **2**

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

b. Physical Custody (The person who 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): \_\_\_\_\_

**Visitation (Parenting Time) With Children** (See **8**–**15**.)

**8** ☐ **Person in 2 must have no visitation with the children in 3 until further order of the court.**

**Check here if you do not want the other party to have any parenting time between now and the court date.**

(If the judge has stopped your right to visit with your children temporarily. If you do not agree with this order, attend your court hearing.)

**This is a Court Order.**



**Complete this page if you are asking for the other party to have professionally supervised visitation between now and the court date.**

Case Number:

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

**9 ☒ Professional Supervised (Monitored) Visits With Children**

a. Person to be supervised: ☐ Person in (1) ☒ Person in (2)

**Check 1, 2 or 3, then complete the section**

b. Professional provider to supervise visitation:

(1) ☐ Chosen provider:

Address (if known):

If the chosen provider is unavailable:

Alternate provider:

Address (if known):

**If you choose item 1, you need to list the chosen provider's information and also list an alternate provider, in case your first choice is unavailable.**

Person in (1) must contact chosen provider by (date):

Person in (2) must contact chosen provider by (date):

**Indicate a deadline for each party to contact the supervisor.**

(2) ☐ A list of providers (check one):

☐ is attached to this order

☐ given in court to ☐

☐ Person in (1) ☐ Person in (2)

**If you choose item 2, ask staff for the supervised visitation provider list to attach to this form. Then indicate whether person in 1 or 2 will choose the provider and a deadline to contact the chosen provider.**

(3) ☐ Other:

**Check with staff before choosing item 3.**

c. Frequency of visits (check one):

☐ Once a week, for (number of) \_\_\_\_\_

☐ Twice a week, for (number of) \_\_\_\_\_

☐ Other (describe): \_\_\_\_\_

**For professionally supervised visits, the court usually indicates the number of visits per week and length of the visits. The actual schedule will be arranged through the provider and is based on the provider's availability.**

**You will indicate the requested frequency and length for the visits.**

d. Fees paid by: Person in (1) \_\_\_\_\_ % Person in (2) \_\_\_\_\_ % Other \_\_\_\_\_ %

**Complete this section indicating who should pay the fees for the visitation. If you think the other party should pay all of the fees, write "100%" on their line.**

e. Visits must be:

☐ In person

☐ Virtual (not in person). (Before a provider is chosen, confirm that the provider offers virtual visits.)

☐ Other: \_\_\_\_\_

**Complete this section to indicate where the visits should take place.**

**This is a Court Order.**



- 10** ☐ **Nonprofessionally Supervised Visitation** Complete this section if you are asking for the other party to have nonprofessionally supervised visitation between now and the court date.

a. Person to be supervised: \_\_\_\_\_

- b. Nonprofessional supervisor: **Provide the name, relationship and contact information for the supervisor. This can be a family member or friend. Make sure to confirm they are willing and available to supervise the visits before listing them here.**
- Name: \_\_\_\_\_
- Address (if known): \_\_\_\_\_

c. Schedule for visits (check one):

- ☐ **You may use the chart on item 13 or write the schedule next to "Other". If you cannot determine a set schedule, you may indicate the visitation will be arranged between the supervisor and the parent who is being supervised. Make sure the supervisor is okay with this arrangement.**
- \_\_\_\_\_

d. Location of visits: **Indicate where visitation will take place.**

☐ In person at a safe location (give location): \_\_\_\_\_

☐ Virtual (not in person). (Provider, child, and visiting parent may need access to internet.) \_\_\_\_\_

☐ Other: \_\_\_\_\_

(For more information on safe locations and virtual visits, go to [selfhelp.courts.ca.gov/guide-supervised-visitation](http://selfhelp.courts.ca.gov/guide-supervised-visitation).)

- 11** ☐ **Supervised Exchanges (Drop-Off and Pick-up of Children)**

(Complete this section if you are only asking for the exchanges to be supervised.) **Complete this section if you are only asking for the exchanges to be supervised.**

a. Person to be supervised: ☐ Person in (1) ☐ Person in (2)

b. Provider (Person) to Supervise Exchanges

(1) ☐ Professional Provider

Name of provider: **Check and complete item 1 if you want a professional to supervise the exchanges.**

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

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

Fees paid: \_\_\_\_\_ %

Person in (1) must contact provider by (date): \_\_\_\_\_

Person in (2) must contact provider by (date): \_\_\_\_\_

Location of exchanges to be decided by provider.

(2) ☐ Nonprofessional Provider

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

Relationship to child: \_\_\_\_\_

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

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

Safe location: \_\_\_\_\_

**Check and complete item 2 if you want a nonprofessional to supervise the exchanges. Make sure to confirm the person you listed is will and available to do this.**

(For more information on safe locations, go to [selfhelp.courts.ca.gov/guide-supervised-visitation](http://selfhelp.courts.ca.gov/guide-supervised-visitation).)

**This is a Court Order.**

Case Number:

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

**12** ☐ **Visits With No Supervision (Unmonitored)**

a. ☐ Person **Complete this section if you are asking for unsupervised visitation.**

b. Visits must be:

- ☐ In person **Indicate if you want in person or virtual visits.**
- ☐ Virtual (*not in person*) (*Child and visiting parent may need access to the internet. For more information on virtual visits, go to [selfhelp.courts.ca.gov/domestic-violence-child-custody](http://selfhelp.courts.ca.gov/domestic-violence-child-custody).*)
- ☐ Other: \_\_\_\_\_

c. The visitation plan is (*check one*):

- ☐ Listed in **13**. **Check one. Then list the visitation plan either on item 13 or on the lines provided below.**
- ☐ Described below: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**13** ☐ **Visitation Plan for Person in 2**

	Time	Visit must be virtual	Person to bring children to and from visit ( <i>or make child available for virtual visit</i> )	Location of drop-off/pick-up
Monday	Start: End, if applies:	<input type="checkbox"/>		
Tuesday	Start: End, if applies:	<input type="checkbox"/>		
Wednesday	Start: End, if applies:	<input type="checkbox"/>		
Thursday	Start: End, if applies:	<input type="checkbox"/>		
Friday	Start: End, if applies:	<input type="checkbox"/>		
Saturday	Start: End, if applies:	<input type="checkbox"/>		
Sunday	Start: End, if applies:	<input type="checkbox"/>		

**Follow the plan listed above (*check one*):**  
☐ Every week    ☐ Every other week    ☐ Other \_\_\_\_\_

**Start date for visits (*month, day, year*):** \_\_\_\_\_

**This is a Court Order.**



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

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

**14 Mandatory Findings**

(Findings)

a. ☐ No

b. ☐ Fi

(1) ☐

**LEAVE BLANK**

☐ Other: \_\_\_\_\_

(2) ☐ The court has made the required findings. The court's reasons were recorded (*check all that apply*):

☐ In a minute order    ☐ By a court reporter    ☐ Other: \_\_\_\_\_

**15 ☐ Other Orders**

Describe additional orders in the space below or use a separate attachment (e.g., [FL-341\(C\)](#), *Children's Holiday Schedule Attachment*).

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

**16 ☐ Criminal Protective Order**

List any criminal protective orders currently in place from the person in (2).

Case number: \_\_\_\_\_

Case number: \_\_\_\_\_

County: \_\_\_\_\_

(If a criminal protective order is in effect, law enforcement must follow the priority of enforcement on form DV-110 or DV-130.)

**17 Country of Habitual Residence**

The country of habitual residence of the child or children in this case is (*check one*):

☒ The United States,

☐ Other (*name of country*): \_\_\_\_\_

**18 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.

**19 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.**

## Instructions

To ask for a domestic violence restraining order, you will need to complete this form and other forms (see page 13 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)*, 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**

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

- 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, stepsibling, 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 restraining orders currently in place **or** that have expired in the last six months (examples: Did the police give you a restraining order that lasts a few days? Do you have one from the criminal court?)

☐ No

☐ Yes

**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.**

(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

**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).**

☐ 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.**



Case Number:

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

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

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 here, if you attached any additional pages to describe the abuse.** *tion of*  
*Abuse* "se" abuse at  
the top, and turn it in with this form.

**This is not a Court Order.**



Case Number:

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

**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)	<u>Full name</u>	<u>Age</u>	<u>Relationship to you</u>	<u>Lives with you?</u>
				<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 can be used as or easily turned into a receiver or frame. Ammunition includes bullets, shells, cartridges, and shotgun shells.)

**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)	<b>If "yes", complete this section about the firearms, firearm parts or ammunition, to the best of your knowledge.</b>	
(2)		
(3)		
(4)		
(5)		
(6)		

**This is not a Court Order.**



Case Number:

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

### 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 on what "disturbing the peace" means, read form [DV-500-INFO, Can A Domestic Violence Restraining](#)

**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).

**12** ☐ **Stay-Away Order**

**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.**

a. I ask the judge to order the person in (2) to stay away from (check all that apply):

- |   |   |
|---|---|
| <input type="checkbox"/> Me.                  | <input type="checkbox"/> My school.                         |
| <input type="checkbox"/> My home.             | <input type="checkbox"/> Each person in (8).                |
| <input type="checkbox"/> My job or workplace. | <input type="checkbox"/> My children's school or childcare. |
| <input type="checkbox"/> My vehicle.          | <input type="checkbox"/> 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**

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

c. Do you and the person in (2) live together or live close to each other?

- ☐ 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.**



Case Number:

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

**13** ☐ **Order to Move Out**

**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.**

*(Check all that apply)*

- |   |  |
|---|--|
| <input type="checkbox"/> I own the home.                            | <input type="checkbox"/> I have lived at this address for _____ years, _____ months. |
| <input type="checkbox"/> My name is on the lease.                   | <input type="checkbox"/> I pay for some or all the rent or mortgage.                 |
| <input type="checkbox"/> I live at this address with my child(ren). | <input type="checkbox"/> Other <i>(please explain)</i> : _____                       |

**14** ☐ **Other Orders**

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

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**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 <b>(2)</b> from accessing your child's school or medical information | • Virtual visits with your children                    |
|   | • Supervised (monitored) visits with your children     |
|   | • Unsupervised (unmonitored) visits with your children |

**This is not a Court Order.**



Case Number:

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

**16** ☐ **Protect Animals**

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

(1) <b>Fluffy</b>	<b>Rabbit</b>	<b>Mini Lop</b>	<b>Brown and White</b>
(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*):

☐ **Complete this section to explain why you have the right to request these orders.**  
☐ ~~I purchased these animals.~~ ☐ ~~Other (please explain):~~ \_\_\_\_\_

**17** ☐ **Control of Property**

**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.**

*Explain why you want control of the property you listed.*

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

**18** ☐ **Health and Other Insurance**

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

**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.**



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

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

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

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

- 21** ☐ **Extend my deadline to give notice to person in 2**

**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.**

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

**Check this box if you are asking for the other party to pay specific debts before and 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 pay the 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.**

(3) Pay to: \_\_\_\_\_ For: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Due date: \_\_\_\_\_

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)**

**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.**

Do you want the judge to make this special decision (finding)?

☐ 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**

**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.**

Pay to: \_\_\_\_\_ For: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

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

**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.**

c. ☐ I now receive or have applied for TANF, Welfare, or CalWORKS.

**25** ☐ **Spousal Support**

**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**

**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.**

**This is not a Court Order.**



**27** ☐ **Batterer Intervention Program**

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

**28** ☐ **Transfer of Wireless Phone Account**

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

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): \_\_\_\_\_
- c. ☐ My number ☐ Number of child in my care (including area code): \_\_\_\_\_
- d. ☐ My number ☐ Number of child in my care (including area code): \_\_\_\_\_

### Automatic Orders if the Judge Grants Restraining Order

In this section are orders that the person in **(2)** would have to follow if the judge grants a restraining order.

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

- Cannot own, possess, or buy firearms (guns), firearm parts, and ammunition.
- Must turn in, sell, or store any firearms (guns), firearm parts, or ammunition that they have or control.

**30** **No Body Armor**

- Cannot own, possess, or buy body armor.
- Must relinquish any body armor in their possession.

**31** **Cannot Look for Protected People**

Cannot 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.

**This is not a Court Order.**



Case Number:

**COURT CASE #'s Only**  
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**32 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?**

**33 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*

**34 Your Lawyer's Signature** *(if you have one)*

Date:

**Self-Represented**

*Lawyer's name*

*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 Information for Law Enforcement*
- **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.**



**Instructions:** Use this form to request orders for children you have with the person in (2). For more information on the orders you can request, read form [DV-105-INFO](#), *Asking for Child Custody and Visitation Orders*.

This form is attached to form DV-100.

**1 Your Information**

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

Relationship to children: ☒ Parent ☐ Legal 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 ☐ Legal Guardian ☐ Other (describe): \_\_\_\_\_

**3 Children Under 18 Years Old** (for children you have with the person in (2), list from oldest to youngest)

a. Name: \_\_\_\_\_

b. Name: \_\_\_\_\_

c. Name: \_\_\_\_\_

d. Name: \_\_\_\_\_

**List the minor child(ren) you have together, oldest to youngest.**

Date of birth: \_\_\_\_\_

Date of birth: \_\_\_\_\_

☐ (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** (If you do not have custody, you cannot make custody and visitation orders.)

a. Have all the children listed in (3) lived with you?

☐ No

(If no, complete form DV-105(A).)

☐ Yes

(If yes, complete the section below.)

b. List where the children have lived for the last five years

**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.**

**Dates** (month/year)

**City and State**

(include tribal land, if applies)

**Me**

**Person  
in (2)**

**Other (relationship  
to child)**

From: 10/2021 To present

San Jose, CA

☒

☒

☐

☐ Check here if this address is private  
(confidential). List the state only.

From: 1/2020 Until: 10/2021

Milpitas, CA

☒

☒

☐

From: 9/2019 Until: 1/2020

Sunnyvale, CA

☐

☒

☐

From: Birth Until: 9/2019

San Jose, CA

☒

☐

☐

From: \_\_\_\_\_ Until: \_\_\_\_\_

☐

☐

☐

From: \_\_\_\_\_ Until: \_\_\_\_\_

☐

☐

☐

**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.**

(Child's name, date of birth, and 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 the visitation schedule is*)

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

(*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, list their information 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

**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

**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.**

- ☐ 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  
Pre

**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.**

[8](#) 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. For both types of custody, parents can share custody (joint) or one parent can have full custody (sole).

- Legal custody
  - Physical custody
- Any order made by the judge now will last until your court date (about three weeks away). On your court date, the judge can change or extend the orders. Answer the questions below to tell the judge what parenting time you want the person in (2) to have until your court date.

**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 between now and the court date (about 3 weeks). See example below.**

**9 Do you want the person in (2) to have custody orders changed?**

☐ No

☒ Yes (If yes, complete the section below):

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**

Visitation (parenting time) is the time each parent spends with the child. If a parent does not get custody, that parent can have visits, if a judge believes it is safe and in the child's best interest. Visitation orders a judge can make include:

- No visits
- Virtual or in-person visits
- Visits supervised (monitored) by a third party
- Visits not supervised

Any orders made by the judge now will last until your court date (about three weeks away). On your court date, the judge can change or extend the orders. Answer the questions below to tell the judge what parenting time you want the person in (2) to have until your court date.

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

- ☐ No Check "no" and leave the rest of the form blank, if you are asking the court not to allow visitation with the other party before the court hearing.
- ☐ Yes Check "yes" and complete item 11, if you want the other party to have time with the child between now and the court date (about 3 weeks).

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

- (To be supervised during their parenting time between now and the court date.)
- ☐ Yes Check "yes" and complete item 12, if you are asking for the other party to be supervised during their parenting time between now and the court date.
- ☐ No Check "no" and skip to item 13, if you are asking for the other party to have unsupervised parenting time between now and the court date.





**12 Details of Supervised (Monitored) Visits**

a. Who do you want to supervise the visits?

(1) ☐ Professional fees paid by:

Me \_\_\_\_\_ % Person in (2) \_\_\_\_\_ % Other: \_\_\_\_\_ %

(2) ☒ Nonprofessional, like a trusted relative or friend(Name): Jane Smith, maternal aunt ☒ Check here if the person has agreed to supervise visits.b. Location of visits (check one): ☒ In person at a safe location ☐ Virtual visit (not in person)☐ Other (describe): \_\_\_\_\_

c. How often and how long should the visits be? (check one):

☐ Once a week, for (number of hours): \_\_\_\_\_☐ Twice a week, for (number of hours): \_\_\_\_\_ each visit.☒ 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. \_\_\_\_\_

Plan for Supervised Visits		Virtual visit with person in (2)	Person to bring children to and from visit (or make available for virtual visit)	Location of drop-off/pick-up
	Time			
Monday	Start: _____ End, if applies: _____	<input type="checkbox"/>		
Tuesday	Start: _____ End, if applies: _____	<input type="checkbox"/>		
Wednesday	Start: _____ End, if applies: _____	<input type="checkbox"/>		
Thursday	Start: _____ End, if applies: _____	<input type="checkbox"/>		
Friday	Start: _____ End, if applies: _____	<input type="checkbox"/>		
Saturday	Start: _____ End, if applies: _____	<input type="checkbox"/>		
Sunday	Start: _____ End, if applies: _____	<input type="checkbox"/>		

**Follow the plan 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.)**This is not a Court Order.**

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

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

**13 Details of Unsupervised Visits**

- a. **If you are asking for unsupervised visits, complete this section.** \_\_\_\_\_ will have to tell the judge how you want to handle drop-off and pick-up of the children, also called exchanges.

**Do you want exchanges to be supervised by a third party?**

☐ No ☐ Yes (If you only want the exchanges to be supervised, check "yes" and fill in this section. \_\_\_\_\_ se? Check 1 or 2)

(1) ☐ Professional fees paid by: Me \_\_\_\_\_ % Person in (2) \_\_\_\_\_ % Other: \_\_\_\_\_ %

(2) ☐ Nonprofessional, like a trusted relative or friend  
(Name): \_\_\_\_\_ ☐ Check here if the person has agreed to supervise visits.

- b. **Parenting time you want the person in (2) to have with the children.**

(1) Location of visits (check one) \_\_\_\_\_ (in person)  
☐ Other (describe): \_\_\_\_\_ **Where do you want visitations to occur?**

(2) Give details including when visits will happen, how often the visits should be, and who will be responsible for the visits.  
**When do you want the other party to have parenting time? You may either write the schedule on the lines or use the chart.**

Plan for Unsupervised Visits		Virtual visit with person in (2)	Person to bring children to and from visit (or make available for virtual visit)	Location of drop-off/pick-up
	Time			
Monday	Start: _____ End, if applies: _____	<input type="checkbox"/>		
Tuesday	Start: _____ End, if applies: _____	<input type="checkbox"/>		
Wednesday	Start: _____ End, if applies: _____	<input type="checkbox"/>		
Thursday	Start: _____ End, if applies: _____	<input type="checkbox"/>		
Friday	Start: _____ End, if applies: _____	<input type="checkbox"/>		
Saturday	Start: _____ End, if applies: _____	<input type="checkbox"/>		
Sunday	Start: _____ End, if applies: _____	<input type="checkbox"/>		

**Follow the schedule listed above (check one):**  
☐ Every week ☐ Every other week ☐ Other \_\_\_\_\_

**Start date for visits (month, day, year):** \_\_\_\_\_

**This is not a Court Order.**

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.



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**

**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**

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

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

**Important:**

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

will not protect you.

If you do not file your *Response* on time, the court may make orders affecting your marriage or domestic partnership, your property, and custody of your children. You may be ordered to pay support and attorney fees and costs.

For legal advice, contact a lawyer immediately. Get help finding a lawyer at the California Courts Online Self-Help Center ([www.courts.ca.gov/selfhelp](http://www.courts.ca.gov/selfhelp)), at the California Legal Services website ([www.lawhelpca.org](http://www.lawhelpca.org)), or by contacting your local county bar association.

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**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](http://www.sucorte.ca.gov)), en el sitio web de los Servicios Legales de California ([www.lawhelpca.org](http://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 de teléfono 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.

**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](http://www.coveredca.com). Or call Covered California at 1-800-300-1506.

**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.

**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.

**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](http://www.coveredca.com). O llame a Covered California al 1-800-300-0213.

**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:

FIRM NAME:

STREET ADDRESS:

CITY:

TELEPHONE NO.:

E-MAIL ADDRESS:

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**

PETITIONER: **Your Name**

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

**\*\*\*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.\*\*\*

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

FOR COURT USE ONLY

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

PETITION FOR **Check the box that applies**

- ☒ **Dissolution (Divorce) of:** ☒ Marriage ☐ Domestic Partnership  
☐ **Legal Separation of:** ☐ Marriage ☐ Domestic Partnership  
☒ **Nullity of:** ☐ Marriage ☐ Domestic Partnership

☐ **AMENDED**

CASE NUMBER:

**Leave Blank**

**1. LEGAL RELATIONSHIP** (check all 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.

**Check the boxes that apply.**

**2. RESIDENCE REQUIREMENTS** (check all 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.  
Petitioner lives

**Check the boxes that apply.**

**3. STATISTICAL FACTS**

- 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

**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.**

**4. MINOR CHILDREN**

- a. ☐ There are no minor children.  
b. ☒ The minor children are:  
Child's name Birthdate Age

**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.**

- (1) ☐ continued on Attachment 4b. (2) ☐ a child who is not yet born.  
c. 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.  
d. If there are minor children of Petitioner and Respondent and Enforcement Act (UCC/IEA) (form FL-103) must be filed.  
e. ☒ Petitioner and Respondent signed a voluntary declaration of parentage or paternity. (Attach a copy if available.)

**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).**

PETITIONER: <span style="border: 1px solid black; padding: 2px 10px;">Your Name</span>	CASE NUMBER: <span style="border: 1px solid black; padding: 2px 10px;">Leave Blank</span>
RESPONDENT: <span style="border: 1px solid black; padding: 2px 10px;">Your Spouse or Registered Domestic Partner's Name</span>	

**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.
- (2) ☐ prior existing marriage or domestic partnership. (5) ☐ force.
- (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)

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

Petitioner	Respondent	Joint	Other
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> form FL-341(C)			
<input type="checkbox"/> Attachment 6c(1)			

**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.**

**8. SPOUSAL OR DOMESTIC PARTNER SUPPORT**

- a. ☐ Spousal or domestic partner support
- b. ☐ Terminate (or modify) spousal or domestic partner support
- c. ☐ Reserve for the future
- d. ☐ Other (specify):

**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.**

**9. SEPARATE PROPERTY**

**Check the box that applies.**

- a. ☐ There are no such assets or debts that I know or to be confirmed 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: <span style="border: 1px solid black; padding: 2px 10px;">Your Name</span>	CASE NUMBER: <span style="border: 1px solid black; padding: 2px 10px;"></span>
RESPONDENT: <span style="border: 1px solid black; padding: 2px 10px;">Your Spouse or Registered Domestic Partner's Name</span>	<div style="border: 1px solid black; padding: 5px; text-align: center; font-weight: bold;">Leave Blank</div>

**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: Today's Date

Print your name here

(TYPE OR PRINT NAME)

Sign your name here

(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](http://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.



**—This is not a court order—**

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

**California's public policies and law on child custody and visitation include that:**

- In general, children should have frequent and continuing contact with their parents, and parents should be encouraged to share the responsibility of raising their children, except when domestic abuse has happened or contact with a parent is not in the best interests of the children.
- When making any orders about physical and legal custody and visitation (parenting time), the court must consider the best interests of the child, which primarily include the health, safety, and welfare of the child.
- If a parent has been abusive, judges use laws to help protect children when deciding to make orders about child custody and visitation (parenting time). A judge may deny an abusive parent custody or unsupervised visitation with a child.
- Children have the right to be safe and free from abuse.
- A child's exposure to domestic violence and domestic violence committed where a child lives are detrimental to the health, safety, and welfare of the child.
- For more information, read [selfhelp.courts.ca.gov/child-custody#best-interest](https://selfhelp.courts.ca.gov/child-custody#best-interest) and [selfhelp.courts.ca.gov/domestic-violence-child-custody](https://selfhelp.courts.ca.gov/domestic-violence-child-custody)

Complete items 1 through 13 that apply to your request for orders.

## 1. Minor Children

☐ [Attachment 1.](#)

Child's name	Birthdate	Age
--------------	-----------	-----

**List all of the minor children you have with the other party (oldest to youngest):**

**Child #1's name, date of birth and age**

**Child #2's name, date of birth and age**

**Child #3's name, date of birth and age**

2. ☒ **Custody** of the minor children is requested as follows:      Petitioner      Respondent      Joint      Other Parent/Party

~~a~~ Physical custody of children to

**Check here, then mark the boxes to indicate who should have legal custody physical custody. You are the Petitioner.**

Petitioner	Respondent	Joint	Other Parent/Party

\_\_\_\_\_

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 193. **Figure 184**  
 194. **Figure 185**  
 195. **Figure 186**  
 196. **Figure 187**  
 197. **Figure 188**  
 198. **Figure 189**  
 199. **Figure 190**  
 200. **Figure 191**  
 201. **Figure 192**  
 202. **Figure 193**  
 203. **Figure 194**  
 204. **Figure 195**  
 205. **Figure 196**  
 206. **Figure 197**  
 207. **Figure 198**  
 208. **Figure 199**  
 209. **Figure 200**  
 210. **Figure 201**  
 211. **Figure 202**  
 212. **Figure 203**  
 213. **Figure 204**  
 214. **Figure 205**  
 215. **Figure 206**  
 216. **Figure 207**  
 217. **Figure 208**

☐ ☒ ☐ ☐

Specify when the parents must agree before making the children's school, doctor, or religious or school

activities), use *Joint Legal Custody Attachment* (form [FL-341\(E\)](#)) or a document that includes the same content as form FL-341(E).

To learn about physical and legal custody, go to [selfhelp.courts.ca.gov/child-custody](https://selfhelp.courts.ca.gov/child-custody).

c. ☐ There are allegations of a history of abuse or substance abuse in this case. (You must complete item 5.)

d. ☐ Other (specify): **Check here if it applies to your case.**

3. ☒ **Visitation (Parenting Time)** I request that the court order (*check one*):

a. ☐ Reasonable right of visitation (parenting time) to the party in item 2a without physical custody, including but not limited to virtual visitation. ~~(Not appropriate in cases involving domestic violence and substance abuse).~~

b. ☐ Visitation

**Check here, then mark the boxes to indicate your request as to visitation.**

**If you check box "b", attach your document indicating your visitation request.**

c. ☐ The \_\_\_\_\_  
\_\_\_\_\_ If you check box "c", complete item 4.

d. ☐ Suppose you check box "d", complete item 6.

e. ☐ No. If you check box "e", complete item 13.

**Note: Unless specified otherwise, all values are in U.S. dollars.**



PETITIONER: <span style="border: 1px solid black; padding: 2px;">Your name</span> RESPONDENT: <span style="border: 1px solid black; padding: 2px;">Other parent's name</span> OTHER PARENT/PARTY: <span style="border: 1px solid black; padding: 2px;"></span>	CASE NUMBER: <span style="border: 1px solid black; padding: 2px;">LEAVE BLANK</span>
--	--

4. ☐ Petitioner's ☐ Respondent's ☐ Other Parent's/Party's Check here to indicate who will have the parenting schedule listed below.

a. ☐ In person, as follows (Specify start and ending date and time, if applicable, such as start of or after school):

(1) ☐ Weekends starting (date):

Check here and complete this section to request weekend parenting time/visitation.

<input type="checkbox"/>	1st	from _____	at _____	<input type="checkbox"/>	a.m.	<input type="checkbox"/>	p.m.	<input type="checkbox"/>	start of	<input type="checkbox"/>	after
		to _____	at _____	<input type="checkbox"/>	a.m.	<input type="checkbox"/>	p.m.	<input type="checkbox"/>	start of	<input type="checkbox"/>	after
<input type="checkbox"/>	2nd	from _____	at _____	<input type="checkbox"/>	a.m.	<input type="checkbox"/>	p.m.	<input type="checkbox"/>	start of	<input type="checkbox"/>	after
		to _____	at _____	<input type="checkbox"/>	a.m.	<input type="checkbox"/>	p.m.	<input type="checkbox"/>	start of	<input type="checkbox"/>	after
<input type="checkbox"/>	3rd	from _____	at _____	<input type="checkbox"/>	a.m.	<input type="checkbox"/>	p.m.	<input type="checkbox"/>	start of	<input type="checkbox"/>	after
		to _____	at _____	<input type="checkbox"/>	a.m.	<input type="checkbox"/>	p.m.	<input type="checkbox"/>	start of	<input type="checkbox"/>	after
<input type="checkbox"/>	4th	from _____	at _____	<input type="checkbox"/>	a.m.	<input type="checkbox"/>	p.m.	<input type="checkbox"/>	start of	<input type="checkbox"/>	after
		to _____	at _____	<input type="checkbox"/>	a.m.	<input type="checkbox"/>	p.m.	<input type="checkbox"/>	start of	<input type="checkbox"/>	after
<input type="checkbox"/>	5th	from _____	at _____	<input type="checkbox"/>	a.m.	<input type="checkbox"/>	p.m.	<input type="checkbox"/>	start of	<input type="checkbox"/>	after
		to _____	at _____	<input type="checkbox"/>	a.m.	<input type="checkbox"/>	p.m.	<input type="checkbox"/>	start of	<input type="checkbox"/>	after

(a) ☐ The parties will alternate the fifth weekends, with the ☐ petitioner ☐ respondent ☐ other parent/party having the initial fifth weekend, starting (date): \_\_\_\_\_

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

(2) ☐ Alternate weekends

(Specify day(s) from \_\_\_\_\_ to \_\_\_\_\_, \_\_\_\_\_ a.m. to \_\_\_\_\_ p.m., \_\_\_\_\_ start of \_\_\_\_\_ after \_\_\_\_\_ and times):

Check here and complete this section to request alternate weekend parenting time/visitation.

(3) ☐ Weekdays starting (date):

Check here and complete this section to request weekday parenting time/visitation.

(4) ☐ Other visitation (parenting time) days and restrictions are ☐ listed in Attachment 4a(4)

You may list additional visitation or restrictions here.

b. ☐ Virtual visitation

I ask the court to order virtual visitation (using a smart watch, or computer) for a parent and a child to see and hear each other. Learn more about how to have safe virtual visits at [selfhelp.courts.ca.gov/child-custody/virtual-visitation](https://selfhelp.courts.ca.gov/child-custody/virtual-visitation).

Check here and complete this section to request virtual visitation.

c. ☐ Other ways that visitation (parenting time) can happen that are in the best interests of the child (specify):

Check here and complete this section if the other sections above do not list the type of visitation you think is in the child(ren)'s best interest.



PETITIONER: <span style="border: 1px solid black; padding: 2px;">Your name</span> RESPONDENT: <span style="border: 1px solid black; padding: 2px;">Other parent's name</span> OTHER PARENT/PARTY: <span style="border: 1px solid black; padding: 2px;"></span>	CASE NUMBER: <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; height: 20px;">LEAVE BLANK</span>
--	---

5. ☐ **Child custody and visitation when there are allegations of a history of abuse or substance abuse**

a. **Allegations**

**Check here and complete this section if it applies to your case.**

- (1) ☐ Petitioner ☐ Respondent ☐ Other parent/party is (or are) alleged to have a history of abuse against any of the following persons: a child, the other parent, their current spouse, or the person they live with or are dating or engaged to.
- (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.

b. **Child custody**

- (1) ☐ I ask that the court NOT order sole or joint custody of the minor child to the party or parties in 5a.
- (2) ☐ Even though there are allegations, I ask that the court make the child custody orders in item 4.

**If you checked item 5, you must check either 5b.(1) or 5b.(2).**

**If you check 5b.(2), you must explain why it is in the child(ren)'s best interest despite the allegations indicted in 5a.(1) or (2).**

*(Write the reasons why you think it would be in the best interests of the child that the party or parties be granted unsupervised visitation (parenting time) even though there are allegations against them of a history of abuse or substance abuse. The orders that you request about child custody or visitation must also be specific as to time, day, place, and manner of transfer (exchange) of the child, as Family Code sections 3011(a)(5)(A) and 6323(c) require.)*

☐ Below: ☐ [Attachment 5b\(2\)](#) ☐ Other (specify):

c. **Visitation (Parenting Time)**

- (1) ☐ I ask that the court order supervised visitation as specified in item 6.
- (2) ☐ I ask that the court order unsupervised visitation to the party or parties as specified in item 4.

**If you checked item 5, you must check either 5c.(1), 5c.(2) or 5c.(3).**

**If you check 5c.(2), you must explain why it is in the child(ren)'s best interest despite the allegations indicted in 5a.(1) or (2).**

(A) Even though there are allegations, I ask that the court order unsupervised visitation (parenting time) to the party or parties as specified in item 4.

(B) The reasons why the court should make the orders are:

*(Write the reasons why you think it would be in the best interests of the child that the party or parties be granted unsupervised visitation (parenting time) even though there are allegations against them of a history of abuse or substance abuse. The orders that you request about child custody or visitation must also be specific as to time, day, place, and manner of transfer (exchange) of the child, as Family Code sections 3011(a)(5)(A) and 6323(c) require.)*

☐ Below: ☐ [In Attachment 5c\(2\)\(B\)](#) ☐ Other (specify):

- (3) ☐ Other (specify):



PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	<b>Your name</b> <b>Other parent's name</b>	CASE NUMBER: <b>LEAVE BLANK</b>
---	--	------------------------------------

6. ☐ **Supervised visitation (parenting time)**

(To learn about supervised visitation, see the instructions on page 1.)

**Check here and complete this section to ask for supervised parenting time/visitation.**

**You must explain why supervised visitation is in the child(ren)'s best interest.**

- a. I ask that the court order supervised visitation for the minor child(ren) because:
- b. The reasons why the court should make the orders are *(specify)*:  
(Write the reasons why you think unsupervised visitation (parenting time) would NOT be in the best interest of the child.)
- ☐ Below ☐ [In Attachment 6b](#) ☐ Other *(specify)*:

- c. I ask that the visitations be monitored by *(name, if known)*:

- If you checked item 6, complete this section to indicate who should supervise the visits,**  
(1) **where the visits should take place and the schedule for the visitation.**

**For professionally supervised visits, the court usually indicates the number of visits per week and the length of the visit. The actual schedule will be determined based on the availability of the supervised visitation provider.**

- (2) **For nonprofessionally supervised visits, you should confirm with the proposed supervisor that they are willing and available to supervise. You should also determine whether a set schedule is best or visitation should be arranged between the supervisor and the parent being supervised.**

- d. I ask that the court order supervised visitation for the minor child(ren) because:
- (1) ☐ Below
- (2) ☐ [In Attachment 6b](#)
- (3) ☐ Other *(describe)*:

- e. Schedule for supervised visitation *(specify)*:

- (1) ☐ Once a week, for *(number of hours for each visit)*:
- (2) ☐ Two times each week, for *(number of hours for each visit)*:
- (3) ☐ As specified in item 4.
- (4) ☐ Other *(describe)*:

7. ☐ **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, day, and location of visitation under Family Code section 6323(c).*

**Check here and complete this section for specific orders about transportation and exchange location.**

- a. The child(ren) must be legally registered with the Department of Motor Vehicles and must have child restraint devices properly installed, as required by law.
- 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: <b>Your name</b> RESPONDENT: <b>Other parent's name</b> OTHER PARENT/PARTY:	CASE NUMBER: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
---	---

8. ☐ **Travel with children.** The ☐ petitioner ☐ respondent ☐ other parent/party must have written permission from the court to travel with the child(ren).

a. ☐ the

b. ☐ the following counties (*specify*): South Bay Counties: Santa Clara, Alameda, Monterey, Marin, Stanislaus, Merced,

c. ☐ other places (*specify*): Contra Costa, San Mateo, San Francisco, San Joaquin, San Benito & Santa Cruz

9. ☐ **Child abduction prevention.** I request the court to restrict travel with the child(ren) out of California without my permission.

10. ☐ **Child custody mediation.**

I request an order to go to mediation to get help agreeing on a detailed parenting plan.

**Check here to request an order to go to mediation to get help agreeing on a detailed parenting plan.**

recommending counseling (*specify date*,

201 N. First Street

San Jose, CA 95113

Note: Parents with a family court case who do not agree about child custody or visitation are required to attend mediation to try to develop a parenting plan that is in the best interest of their child. A party who alleges domestic violence in a written declaration under penalty of perjury or who is protected by a protective order may ask the mediator or child custody recommending counselor to meet with the parties separately and at separate times. A court order for separate sessions is not required.

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

**Check here and either use form FL-341(C) or write your holiday and vacation schedule below.**

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

**Check here and either use form FL-341(D) or write your additional custody orders below.**

13. ☐ **Other (*specify*):**

**Check here and use this section if you want to request orders that were not addressed anywhere else in this form.**



ATTORNEY OR PARTY WITHOUT ATTORNEY NAME: <span style="border: 1px solid black; padding: 2px;">Your name</span> FIRM NAME: STREET ADDRESS: <span style="border: 1px solid black; padding: 2px;">Your address</span> CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: EMAIL 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>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> Santa Clara STREET ADDRESS: 201 N. First Street MAILING ADDRESS: 191 N. First Street CITY AND ZIP CODE: San Jose, CA 95113 BRANCH NAME: Family Justice Center Courthouse	
<i>(This section applies to cases other than probate guardianships.)</i> PETITIONER: <span style="border: 1px solid black; padding: 2px;">Petitioner's name</span> RESPONDENT: <span style="border: 1px solid black; padding: 2px;">Respondent's name</span> OTHER PARTY: CHILD'S NAME (Juvenile cases only):	
<i>(This section applies only to probate guardianship cases.)</i> GUARDIANSHIP OF (name): <span style="border: 1px solid black; padding: 2px;">Leave blank</span> Minor	
<b>DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA)</b>	

1. I am (check one): ☒ a party to this proceeding to determine custody of a child ☐ the authorized representative of the ☐ to determine custody of a child.

2. There are (specify number): # of minor children you have with the other party minor children who are subject to this proceeding, as follows (list oldest child first):

Full Name	Date of birth	Place of birth (city and state)
a. <span style="border: 1px solid black; padding: 2px;">Oldest child's name</span>	<span style="border: 1px solid black; padding: 2px;">MM/DD/YYYY</span>	<span style="border: 1px solid black; padding: 2px;">City and State of birth</span>
b. <span style="border: 1px solid black; padding: 2px;">If you have more than one child with the other party, list them here from oldest to youngest.</span>		
c. <span style="border: 1px solid black; padding: 2px;">If you have more than 4 children together, check the box below. You may use MC-020 or any</span>		
d. <span style="border: 1px solid black; padding: 2px;">8.5" x 11" paper.</span>		

☐ Check this box if you need to list more children. (On form [MC-020](#) or a separate piece of paper, write "FL-105, Attachment 2, Additional Children" and attach to this form.)

3. a. ☐ Check information for the past 5 years. ☐ Check information for the past five years.

Complete the table below with the child(ren)'s address information for the past 5 years (see example below). If the other party does not know your current address and you have alleged domestic violence or child abuse in your paperwork, you should mark the box next to "Confidential" and use a safe mailing address on the rest of your forms.

From:	To present	Santa Clara, CA	Jane Doe, same address as above	Mother
12/2023		<input type="checkbox"/> Confidential (list state only)	<input type="checkbox"/> Confidential (list state only)	
From:	To:	Milpitas, CA	Jane Doe, same address as above John Doe, 123 Main St., SJ, CA	Mother & Father
10/2021	12/2023			
From:	To:	San Jose, CA	Jane Doe, same address as above John Doe, 123 Main St., SJ, CA	Mother & Father
1/2020	10/2021			
From:	To:			
From:	To:			

☐ Check this box if you need additional space to list the past 5 years' address information. You may use MC-020 or any 8.5" x 11" paper.

☐ Additional addresses are listed on Attachment 3a. (Form [MC-020](#) may be used for this purpose.)

b. ☐ Check this box, if any other children have different address information and use FL-105(A) to list each child and their address information. (Attach form FL-105(A) to each child and their address information.)

CASE NAME

CASE NUMBER

Petitioner's last name v. Respondent's last name

Your Court Case #,  
if you have one

4. Do you have information about, or have you participated as a party or as a witness or in some other way, in any other court case or custody or visitation proceeding in California or elsewhere concerning a child subject to this proceeding?

☐ Yes ☐ No (If yes,

**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	location)	(date)		the case	
a. <input type="checkbox"/> Family						
b. <input type="checkbox"/> Probate Guardianship						
c. <input type="checkbox"/> Other						

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

5. ☐ One or more domestic restraining orders are in place. 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. if you have one

Court	Case number	location	the orders expire (date)
a. <input type="checkbox"/> Criminal			
b. <input type="checkbox"/> Family			
c. <input type="checkbox"/> Juvenile			
d. <input type="checkbox"/> Other			

6. Do you know of any person who is not a party to this proceeding who has physical custody of or claims to have rights to custody of or visitation 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.**

☐ Has physical custody  
☐ Claims custody rights  
☐ Claims visitation rights

Name of each child:

☐ Has physical custody  
☐ Claims custody rights  
☐ Claims visitation rights

Name of each child:

☐ Has physical custody  
☐ Claims custody rights  
☐ Claims visitation rights

Name of each child:

7. ☐ Number of pages attached: \_\_\_\_\_

**If you use any attachments, count the number of pages and write it here.**

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**

(NAME OF DECLARANT)

**Sign your name**

(SIGNATURE OF DECLARANT)

**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.**

<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA CLARA</b> 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	FOR COURT USE ONLY  <b>SAMPLE ONLY</b> <b>Do not write on this copy!</b>
PETITIONER: <input type="text" value="Your Name"/>	
RESPONDENT: <input type="text" value="Other Party's Name"/>	CASE NUMBER: <input type="text" value="Leave Blank"/>
<b>FAMILY LAW NOTICE</b> <b>Dissolution/Legal Separation/Nullity/Parentage</b>	

**PLEASE READ THIS ENTIRE FORM**

Your case has been assigned to Judge  in Department  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](http://www.courts.ca.gov/rules.htm) and the Local Family Law Rules and Local forms at [www.sccourt.org](http://www.sccourt.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.sccourt.org](http://www.sccourt.org)
- For a low cost consultation with a private attorney contact the Santa Clara County Bar Association at (408) 971-6822 (or [www.sccba.com](http://www.sccba.com)).
- You can also email, call or Live Chat the Court's Self Help Center by going to [www.sccourt.org](http://www.sccourt.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. For juvenile orders, list the primary protected person's information in ② and ③.
- If the judge grants the restraining order, information you give on this form will be entered into a California 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 received by court: **Date this form is turned in**

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, \_\_\_\_\_

Driver's license \_\_\_\_\_

Vehicle type: \_\_\_\_\_

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

Name of employer \_\_\_\_\_

Does the person \_\_\_\_\_

- ☐ Yes  
☐ No (list last \_\_\_\_\_)  
☐ I don't know

**Complete as much information as possible  
about the restrained person**

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

- ☐ No  
☐ I don't know  
☐ Yes (Give any information you have below, like the type, amount, or location of any items, if known.)

**If the Restrained Person have any firearms, firearm parts, ammunition or body armor, describe what items they have in as much detail as possible and indicate where they are kept, if known.**

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



2 \*Your Name:

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

3 Your Information

\*Gender: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_

(If the judge has access to the state database, you do not need to provide this information.)

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

Do you have a restraining order against you?

☐ Yes

☐ No

**Complete this section about yourself as fully as possible. The items in bold are mandatory.**

4 Other People You Want Protected

\*Name: \_\_\_\_\_ **If you asked to protect additional people, you must list them here. Complete the information as fully as possible. The items in bold are mandatory.** h: \_\_\_\_\_

\*Name: \_\_\_\_\_ h: \_\_\_\_\_

\*Name: \_\_\_\_\_ \*Gender: \_\_\_\_\_ Race: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

\*Name: \_\_\_\_\_ \*Gender: \_\_\_\_\_ Race: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

☐ Check here if you are asking to protect more than 4 additional people, ask the Restraining Order Help Center staff for an attachment. paper, write "Item 4" at the top, and attach \_\_\_\_\_

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



# FW-001 Request to Waive Court Fees

**CONFIDENTIAL**

Clerk stamps date here when form is filed.

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

Fill in court name and street address:

**Superior Court of California, County of Santa Clara**

Fill in case number and name:

**Case Number:  
YOUR CASE NUMBER, if you have one**

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

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.

## 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 (name, firm or affiliation, address, phone number, and State Bar number):

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, Court of Appeal, or Appellate Court Fees (See Information Sheet on Waiver of Appellate Court Fees (form FW-001-INFO).)

**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 Information Sheet on Waiver of Court Fees and Costs (form FW-001-INFO).)  
☐ Food Stamps ☐ Supp. Sec. Inc.  
☐ CalWORKS or Tribal TANF ☐ \_\_\_\_\_  
b. ☐ My gross monthly household income is less than the amount listed below. (If you check 5b, you must fill out 7, 8, and 9 on the next page.)

Family Size	Family Income	Family Size
1	\$2,608.33	3
2	\$3,525.00	4

- c. ☐ I do not have enough income to pay my court fees. I ask the court to:

☐ waive all court fees and costs ☐ waive some of the court fees ☐ let me make payments over time

## 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.

Date: **TODAY'S DATE**

**PRINT YOUR NAME HERE**

Print your name here

**SIGN YOUR NAME HERE**

Sign here

**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 \$916.67 for each extra person.

fees. I ask the court to:

Your name: YOUR NAME

Case Number:

YOUR CASE NUMBER, if you have one

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.

7 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)	<b>Wages</b>	\$	<b>1,200</b>
(2)	<b>Child Support</b>	\$	<b>400</b>
(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)	<b>Mary Smith</b>	<b>41</b>	<b>WIFE</b>	\$ <b>700</b>
(2)	<b>Joe Smith Jr</b>	<b>10</b>	<b>SON</b>	\$ <b>0</b>
(3)				\$
(4)				\$

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

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

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.

a. Cash \$ **20**

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

(1)	<b>Wells Fargo Checking</b>	\$	<b>200</b>
(2)		\$	
(3)		\$	

c. Cars, boats, and other vehicles

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

d. Real estate

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

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

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

### 11 Your Monthly Deductions and Expenses

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

(1)	<b>Federal Taxes</b>	\$	<b>150</b>
(2)	<b>State Taxes</b>	\$	<b>75</b>
(3)	<b>Insurance</b>	\$	<b>50</b>
(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)	<b>American Express</b>	\$	<b>150</b>
(2)		\$	
(3)		\$	

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

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

Paid to:

		How Much?
(1)	<b>Cell Phone</b>	\$ <b>60</b>
(2)		\$
(3)		\$

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

**FW-003****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 NAMEStreet 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): \_\_\_\_\_*Read this form carefully. All che***CHECK AND COMPLETE IF YOU HAVE HAD  
FEES WAIVED IN THIS CASE BEFORE**

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**

**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

(1) Your request  
on next

(2) ☐ The  
request

LEAVE THE REST  
OF THIS PAGE  
BLANK

court papers  
used.

see date of service ☐

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 NAME: <span style="border: 1px solid black; padding: 2px;">Your Legal Name</span> FIRM: <span style="border: 1px solid black; padding: 2px;">Your Address</span> STREET: <span style="border: 1px solid black; padding: 2px;"></span> CITY: <span style="border: 1px solid black; padding: 2px;"></span> TELEPHONE NO.: <span style="border: 1px solid black; padding: 2px;"></span> E-MAIL ADDRESS: <span style="border: 1px solid black; padding: 2px;"></span> ATTORNEY FOR (name): <b>Self-Represented</b>	STATE BAR NO.: <span style="border: 1px solid black; padding: 2px;"></span> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>Note: You must write your name and your spouse's or DP's name the exact same way throughout your forms. Also, use an address that is safe for the other party to see.</p> </div>	<b>FOR COURT USE ONLY</b>  <div style="font-size: 24pt; font-weight: bold; margin: 20px 0;">SAMPLE ONLY</div> <div style="font-size: 24pt; font-weight: bold; margin: 0;">Do not write on this copy!</div>
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		<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;">         CASE NUMBER:          Leave Blank       </div>
PETITIONER: <span style="border: 1px solid black; padding: 2px;">Your Legal Name</span> RESPONDENT: <span style="border: 1px solid black; padding: 2px;">Your Spouse or Registered Domestic Partner's Legal Name</span>		
PROOF OF SERVICE OF SUMMONS		

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](#))
- Mark the boxes of any attached forms.
- 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)
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 \_\_\_\_\_ **Check one** \_\_\_\_\_ s and Professions Code section 22350(b).
- b. ☒ 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)