

SAMPLE

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

Without Children

(optional Spousal Support)

Updated 5/2/2025

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state Your Name Your Legal Name Your Mail Your Address City, State 		***IMPORTANT: Your contact information will be seen by the Restrained Person so use a SAFE mailing address. It cannot be left blank. You do not need to provide a phone number or email address.***	
TELEPHONE NO.: E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name): Self Represented		<div style="border: 1px solid black; padding: 5px; text-align: center;"> STAFF WILL STAMP <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> STREET ADDRESS: 201 N. F MAILING ADDRESS: 191 N. F CITY AND ZIP CODE: BRANCH NAME: Family Justice Center Courthouse </div> <div style="width: 50%; border: 1px solid black; padding: 5px;"> ADDRESS HERE </div> </div> </div>	
SUPERIOR COURT OF CALIFORNIA			
PETITIONER: Your Legal Name RESPONDENT: Restrained Person's Legal Name			
DECLARATION IN SUPPORT OF EX PARTE APPLICATION FOR ORDERS		CASE NUMBER: <div style="border: 1px solid black; padding: 5px; text-align: center;"> LEAVE BLANK The Clerk will fill this in. </div>	

I, the undersigned, declare:

1. I am (choose one):

a. ☐ attorney for Petitioner
 b. ☒ self-represented Petitioner
 c. ☐ 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 CHOOSE ONE case, fill in the case number: _____
4. **OTHER APPLICATIONS:** For another party, ☐ have ☐ have not made previous application(s) on the same issue. Orders were ☐ 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 _____**
the space provided to give facts that support the request for Domestic Violence Prevention Orders.

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;">Restrained Person's Legal Name</div>	<div style="border: 1px solid black; padding: 2px;">LEAVE BLANK (The clerk will fill 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>	<div style="border: 1px solid black; padding: 5px; text-align: center;">LEAVE BLANK (The clerk will fill in.)</div>
RESPONDENT:	<div style="border: 1px solid black; padding: 2px;">Restrained Person's Legal Name</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

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

② Person to Be Restrained

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

Court fills in case number when form is filed.

③ Notice of Hearing

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

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

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 p

- If you
- If you
- After

order

years.

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



4 Temporary

a. Ter

(1)

(2)

(3)

b. ☐

(1)

(2)

(3)

LEAVE BLANK

5 Confidential

a. ☐

DV-165, Order on Request to Keep Minor's Information Confidential, served with this form.)

- b. If the request was granted, the information described on the order (form DV-165, item 7) must be kept **CONFIDENTIAL**. The disclosure or misuse of the information is punishable as a sanction, with a fine of 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, FL-100, FL-110

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 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

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

Clerk stamps date here when form is filed.

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

2 Restrained Person

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

*Gender: ☐ ☐

*Age: _____

Height: _____

Hair Color: _____

Relationship: _____

Address of restrained person: **How do you know the restrained person?**

City: _____ State: _____ Zip: _____

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

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

Fill in court name and street address:

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

Court fills in case number when form is filed.

Case Number:

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

3 ☐ Other Protected People

In addition, ☒ Check this box if other people live with you that need protection too. Rough (12).

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

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

4 Your Hearing Date (Court Date)



THE HEARING DATE IS: **LEAVE BLANK**

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

This is a Court Order.



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

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:

(1) **Complete this section if you want exceptions to the "no-contact" order.** the person in ① only to communicate 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.
☐ Home of person in ① ☐ Place where person in ① works in ③.
☐ Job of person in ① ☐ Children's school or child care.
☐ Vehicle of person in ① ☐ Other (explain): _____

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

- b. ☐ Exception to 12a:

(1) **Complete this section if you want exceptions to the "stay-away" order.** court-ordered visits. You must do so briefly and peacefully.
(2) _____ court-ordered contact or visits.

(3) ☐ Other (explain): _____

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

You must tell the other party to leave your residence immediately from (address): _____

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

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 Custody and Visitation** ☒ Not requested ☐ Denied until the hearing ☐ Granted as follows:
Granted on the attached form [DV-140](#), *Child Custody and Visitation Order*, and
☐ (list other form): _____

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

- a. ☐ Yes ☐ No **Complete this section if you have animals you want possession of or need protection for, otherwise mark "Not requested".** or borrow against the animal.
- b. ☐ Yes ☐ No
- c. ☐ The person in ① is given the sole possession, care, and control of the animals listed below.

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

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

Under **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 other may not be enforceable.**

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

The person in ① **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.** of, or change the beneficiary of, or change if any—for whom support may be ordered, or both.

- 19 Record Communications** **Leave blank. This order allows you to record communication that is in violation of the temporary restraining order.**
The person in ① may record communication that is in violation of the temporary restraining order.

This is a Court Order.



Case Number: _____

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

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

The person in (1) **Complete this section if you and the other party are married or have a registered domestic partnership and you want the court to grant property restraint orders.** If you own any property, the person must notify the person in (2) the person in (2) by 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:

The person in (2) **Complete this section if you want the other party to pay for any debts owed before the hearing, otherwise mark "Not requested".**
Pay to: _____ Date: _____
Pay to: _____ Date: _____
Pay to: _____ 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
- Spousal Support
- Lawyer's Fees and Costs
- Pay Expenses Caused by Abuse
- Batterer Intervention Program
- 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-0](#) and attach a copy of this order to the sheriff.

If you have attached any paged 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: 0
- 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.

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 Protectiona. 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

*****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.*****

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

b. Age (give estimate if you do not know exact age): _____

c. Date of birth: _____

d. Gender: _____

e. Race: _____

Fill in this section about the person you want restrained.

This is not a Court Order.

Case Number:

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

3 Your Relationship to the Person in ②

(If you do not
be eligible to
(Check all that apply)

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

st of this form. You may
[/restraining-orders.](#))

- a. ☐ We have a child or children together (*names of children*): _____
- 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*):
- | | |
|---|---|
| <input type="checkbox"/> Parent, stepparent, or parent-in-law | <input type="checkbox"/> Brother, sister, sibling, stepsibling, or sibling in-law |
| <input type="checkbox"/> Child, stepchild, or legally adopted child | <input type="checkbox"/> Grandparent, step-grandparent, or grandparent-in-law |
| <input type="checkbox"/> Child's spouse | <input type="checkbox"/> 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*) _____
(2) (*date of order*): _____ (*date it expires*): _____

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

- ☐ No
☐ Yes (*If yes, it was filed, and case number.*)

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).

- ☐ Custody _____
- ☐ Divorce _____
- ☐ Juvenile (*child welfare or juvenile justice*): _____
- ☐ Guardianship _____
- ☐ Criminal **San Jose, CA; 2020; C1234567** _____
- ☐ Other (*what kind of case?*): **Small Claims case; San Jose, CA; 2021; 21SC123456**

This is not a Court Order.



Case Number:

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

Describe Abuse

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

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

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

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

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

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

☐ Just this once ☐ 2-5 times ☐ Weekly ☐

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

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

This is not a Court Order.



Case Number: _____

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

6 **Has the person in ② abused you in a different way from the abuse you described in ⑤?**
If you have been abused in other ways, fill in this section about the abuse.

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

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

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

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

☐ Just this once ☐ 2–5 times ☐ Weekly

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

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

This is not a Court Order.



Case Number: _____

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

7 Is there ~~any other abuse by the person in ② that you want the judge to know about?~~

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

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

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

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

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

☐ Just this once ☐ 2–5 times ☐ Weekly ☐ _____

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

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

☐

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

the top, and turn it in with this form.

Description of Abuse
Abuse” abuse at

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 item that can be readily assembled as or easily turned into a receiver or frame. Ammunition includes bullets, shells, cartridges, and clip.)

Check one

a. ☐ I don't know

b. ☐ No

c. ☐ Yes (If you have information, complete the section below.)

	<u>Describe Firearms (Guns), Firearm Parts, or Ammunition</u>	<u>Number or Amount</u>	<u>Location, if known</u>
--	---	-------------------------	---------------------------

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

(2)			
(3)			
(4)			
(5)			
(6)			

This is not a Court Order.



Choose the Orders That You Want a Judge to make

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

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

10 ☒ Order to Not Abuse

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

Harass, attack, strike, threaten, assault (sexually or otherwise), hit, follow, stalk, molest, destroy personal property, keep under surveillance, impersonate (on the internet, electronically, or otherwise), block movements, annoy by phone or other electronic means (including repeatedly contact), or disturb the peace. (For more information on what "disturbing the peace" means, read form [DV-500-INFO](#), *Can A Domestic Violence Restraining Order Help Me?*)

11 ☐ No-Contact Order

I ask the judge to order the person in (2) to not contact me or the other protected people.

12 ☐ Stay-Away Order

a. 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.

☐ My home.

☐ Each person in (8).

☐ My job or workplace.

☐ My children's school or childcare.

☐ My vehicle.

☐ 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**

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

(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**

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

15 ☐ **Child Custody and Visitation**

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

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

- | | |
|---|--|
| • Child custody | • No visits with your children |
| • Stop person in (2) from accessing your child's school or medical information | • 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) Fluffy	Rabbit	Mini Lop	Brown and White
(2) _____	_____	_____	_____
(3) _____	_____	_____	_____
(4) _____	_____	_____	_____

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

Check the boxes for the orders you are requesting

(1) ☐ Stay away from the animals by at least: ☐ 100 yards (300 feet) ☐ Other (*number of yards*): _____

(2) ☐ **Not** take, sell, hide, molest, attack, strike, threaten, harm, get rid of, transfer, or borrow against the animals.

(3) ☐ Give me sole possession, care, and control of the animals because (*check all that apply*):

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

17 ☐ **Control of Property**

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

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

b.

18 ☐ **Health and Other Insurance**

I ask the person characterized by **(2)** to: **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.)*

I ask _____
or person in _____
in _____
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**

(Use _____
you _____
I ask _____
If _____
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**

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

(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**

I as
pro
Pay
Pay
Pay

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.

damaged
r court date.

Pay to: _____ For: _____ Amount: \$ _____

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

(Check all that apply)

- a. ☐ I do not have a child support order and I want one.
- b. ☐ I have a child support order and I want it changed *(attach a copy if you have one)*.
- c. ☐ I now receive or have applied for TANF, Welfare, or CalWORKS.

25 ☐ **Spousal Support**

(Yo
I as

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

26 ☐ **Lawyer's Fees and Costs**

I ask
cour

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.

fees and costs and the
can afford to pay.)

This is not a Court Order.



27 ☐ **Batterer Intervention Program**

I ask the judge to order the other party to complete a 52-week Batterer Intervention Program. (The role of the judge is to order the other party to complete a 52-week 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**

(If you control or have access to the wireless phone, make this request at (2).)

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
Do NOT use police card/report #'s

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

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.

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.

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), at the California Legal Services website (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), en el sitio web de los Servicios Legales de California (www.lawhelpca.org) o poniéndose en contacto con el colegio de abogados de su condado.

NOTICE—RESTRAINING ORDERS ARE ON PAGE 2:

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

AVISO—LAS ÓRDENES DE RESTRICCIÓN SE

ENCUENTRAN EN LA PÁGINA 2: Las órdenes de restricción están en vigencia en cuanto a ambos cónyuges o miembros de la pareja de hecho hasta que se despidan la petición, se emita un fallo o la corte dé otras órdenes. Cualquier agencia del orden público que haya recibido o visto una copia de estas órdenes puede hacerlas acatar en cualquier lugar de California.

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

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

[SEAL]

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

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

2. The name, address, and telephone number of your attorney, are: (*El nombre, dirección y número de teléfono del 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*)

Leave Blank

, 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. 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. 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.

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

PETITION FOR

Check the box that applies

☐ **AMENDED**

☒ **Dissolution (Divorce) of:**

☒ **Marriage**

☐ **Domestic Partnership**

☐ **Legal Separation of:**

☐ **Marriage**

☐ **Domestic Partnership**

☐ **Nullity of:**

☐ **Marriage**

☐ **Domestic Partnership**

CASE NUMBER:

**LEAVE BLANK
The Clerk will fill this in.**

1. LEGAL RELATIONSHIP (check all that apply):

Check the boxes that apply.

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

2. RESIDENCE REQUIREMENTS (check all that apply):

Check the boxes that apply.

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

3. STATISTICAL FACTS

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

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

4. MINOR CHILDREN

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

Child's name

Birthdate

Age

(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, a completed *Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA)* (form FL-105) must be attached.
- e. ☐ Petitioner and Respondent signed a voluntary declaration of parentage or paternity. (Attach a copy if available.)

PETITIONER: Your Name	<div style="border: 2px solid black; padding: 5px; margin: 0 auto; width: 80%;"> LEAVE BLANK The Clerk will fill this in. </div>
RESPONDENT: Your Spouse or Registered Domestic Partner's Name	

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..... There are no minor children of the marriage.
- b. Physical custody of children to..... children of the marriage.
- c. Child visitation (parenting time) be granted to
- As requested in ☐ form FL-311 ☐ form FL-312 ☐ form FL-341(D) ☐ form FL-341(E)

Petitioner	Respondent	Joint	Other
<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.

Check box 8b if you do not want to pay spousal support to your spouse or DP or if you do not want spousal support paid to you.

Check box 8c if you want to reserve the issue of spousal support so that it may be addressed in the future.

8. SPOUSAL OR DOMESTIC PARTNER SUPPORT

- a. ☐ Spousal or Domestic Partner Support
- b. ☐ Terminate (or modify) Spousal or Domestic Partner Support
- c. ☐ Reserve for future consideration
- d. ☐ Other (specify) _____

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.

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.

Confirm to

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

PETITIONER: **Your Name**

CASE NO.

LEAVE BLANKRESPONDENT: **Your Spouse or Registered Domestic Partner's Name**

The Clerk will fill this in.

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 — 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.

PLEASE READ THIS ENTIRE FORM

Page 1 of 1

CLETS-001 Confidential Information for Law Enforcement

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

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

Court fills in case number when form is received.

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

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

Date received by court:

Date this form is turned in

1 Person You Want a Restraining Order Against

*Name: **Restrained Person's Name and Address**

Address: _____

City: _____ State: _____ Zip: _____

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

Marks, scars, or tattoos: _____ SSN: _____

Telephone: _____ **Complete as much information as possible about the restrained person**

Vehicle type: _____

Name of employer: _____

Does the person speak English? _____

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.

2 *Your Name: **Your Name**

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

3 Your Information

*Age: _____ *Gender: ☐ M ☐ F ☐ X (nonbinary)

Race: **Complete this section as fully as possible. The items in bold are mandatory.**

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

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.** Birth: _____

*Name: _____ Birth: _____

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

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

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

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 (Form FW-001-INFO-2)

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

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

9

Household Income

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

	Name	Age	Relationship	Gross Monthly Income
(1)	Mary Smith	41	WIFE	\$ 700
(2)	Joe Smith Jr	10	SON	\$ 0
(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)	Wells Fargo Checking	\$	200
(2)		\$	
(3)		\$	

c. Cars, boats, and other vehicles

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

d. Real estate

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

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

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

11

Your Monthly Deductions and Expenses

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

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

b. Rent or house payment & maintenance \$ 1175

c. Food and household supplies \$ 300

d. Utilities and telephone \$ 0

e. Clothing \$ 0

f. Laundry and cleaning \$ 0

g. Medical and dental expenses \$ 0

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

i. School, child care \$ 0

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

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

l. Installment payments (list each below):

Paid to:

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

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

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

Paid to:

		How Much?
(1)	Cell Phone	\$ 60
(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.

- | | |
|---|---|
| <input type="checkbox"/> Jury fees and expenses | <input type="checkbox"/> Fees for a peace officer to testify in court |
| <input type="checkbox"/> Fees for court-appointed experts | <input type="checkbox"/> Court-appointed interpreter fees for a witness |
| <input type="checkbox"/> Other (specify): _____ | |

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:

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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: Your Legal Name FIRM NAME: _____ STREET: Your Address CITY: _____ TELEPHONE NO.: _____ E-MAIL ADDRESS: _____ ATTORNEY FOR (name): Self-Represented	STATE BAR NO.: _____ <div style="border: 2px solid black; padding: 5px; margin-top: 10px;"> 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. </div>	FOR COURT USE ONLY <div style="font-size: 2em; font-weight: bold; margin: 20px 0;">SAMPLE ONLY</div> <div style="font-size: 1.5em; 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 Courthouse		CASE NUMBER: <div style="border: 1px solid black; padding: 5px; display: inline-block; width: 150px;">Leave Blank</div>
PETITIONER: <div style="border: 1px solid black; padding: 2px 10px;">Your Legal Name</div>		
RESPONDENT: <div style="border: 1px solid black; padding: 2px 10px;">Your Spouse or Registered Domestic Partner's Legal Name</div>		
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:
- ☒ Family Law: *Petition—Marriage/Domestic Partnership* (form [FL-100](#)), *Summons* (form [FL-110](#)), and blank *Response—Marriage/Domestic Partnership* (form [FL-120](#))

—or—
 - ☐ 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—
 - ☐ 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. <input checked="" type="checkbox"/> (1) <input type="checkbox"/> Completed and blank <i>Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA)</i> (form FL-105)
(2) <input type="checkbox"/> Completed and blank <i>Declaration of Disclosure</i> (form FL-140)
(3) <input type="checkbox"/> Completed and blank <i>Schedule of Assets and Debts</i> (form FL-142)
(4) <input type="checkbox"/> Completed and blank <i>Income and Expense Declaration</i> (form FL-150) | (5) <input type="checkbox"/> Completed and blank <i>Financial Statement (Simplified)</i> (form FL-155)
(6) <input type="checkbox"/> Completed and blank <i>Property Declaration</i> (form FL-160)
(7) <input type="checkbox"/> <i>Request for Order</i> (form FL-300), and blank <i>Responsive Declaration to Request for Order</i> (form FL-320)
(8) <input checked="" type="checkbox"/> Other (specify):
DV-109; DV-110; DV-100; blank DV-120; DV-800; DV-800-INFO;
local form FM-1013; local form FM-1047; ADR Options (local form FM-1021); Family Law Notice (local form 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):
- ☒ **Personal service.** I personally delivered the copies to the respondent (Code Civ. Proc., § 415.10) on (date):

Date of Service

 at (time):

Time of Service (include AM or PM)
 - ☐ **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 Domestic Partner's 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 less 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)