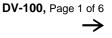
**DV-100** 

## Request for Domestic Violence Restraining Order

| Name of Person I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | you file this Request.  Asking for Protection:                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | •                                                                                                                                                                                                                            | Age:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                |
| Your lawyer in this cas                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | se (if you have one):                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | State Bar N                                                                                                                                                                                                                  | 0.:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                |
| Firm Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                |
| Address (If you have a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | a lawyer for this case, give you                                                                                                                                                                                             | r lawyer's                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                |
| information. If you do address private, give a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | not have a lawyer and want to<br>different mailing address inste                                                                                                                                                             | keep your home                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Fill in court name and street address:  Superior Court of California, County of California |
| to give your telephone,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                |
| Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | _                                                                                                                                                                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | State: 7                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Fax:                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | _                                                                                                                                                                                                                              |
| E-Mail Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Court fills in case number when form is filed.                                                                                                                                                                                 |
| Name of Person Y                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ou Want Protection Fro                                                                                                                                                                                                       | m:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Case Number:                                                                                                                                                                                                                   |
| Description of person                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | you want protection from:                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | _                                                                                                                                                                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                              | —————————Hair                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Color: Eye Color:                                                                                                                                                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Date of Birth:                                                                                                                                                                                                                 |
| Address (if known):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                              | 1280                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                |
| City:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                              | State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | :Zip:                                                                                                                                                                                                                          |
| Full nai                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <u>me Sex</u>                                                                                                                                                                                                                | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | No                                                                                                                                                                                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                              | \ \ \ \ Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | s □ No                                                                                                                                                                                                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | need more space. Attach a shee                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | te "DV-100, Protected People" for a titl                                                                                                                                                                                       |
| What is your rolat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ionehin to the noreen in                                                                                                                                                                                                     | 2 (Charle all                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 4 la cr4 commo la 1 la                                                                                                                                                                                                         |
| _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ionship to the person in                                                                                                                                                                                                     | _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | that apply):                                                                                                                                                                                                                   |
| a. We are now ma                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | arried or registered domestic pa                                                                                                                                                                                             | rtners.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | that apply):<br>f you do not have one of these relationsh                                                                                                                                                                      |
| a. We are now mab. We used to be i                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | nrried or registered domestic pa<br>married or registered domestic                                                                                                                                                           | rtners.  partners.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | f you do not have one of these relationsh<br>the court may not be able to consider yo                                                                                                                                          |
| <ul><li>a.  We are now ma</li><li>b. We used to be inc.</li><li>We live together</li></ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | nrried or registered domestic pa<br>married or registered domestic<br>er.                                                                                                                                                    | rtners.  partners.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | f you do not have one of these relationsh<br>the court may not be able to consider yo                                                                                                                                          |
| <ul> <li>a.  We are now ma</li> <li>b. We used to be inc.</li> <li>c. We live together</li> <li>d. We used to live</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | nrried or registered domestic pa<br>married or registered domestic<br>er.<br>e together.                                                                                                                                     | partners.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | f you do not have one of these relationsh<br>the court may not be able to consider yo<br>request. Read Form <u>DV-500-INFO</u> for h                                                                                           |
| a.  We are now mab. We used to be a c. We live togethed. We used to live e. We are related                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | nrried or registered domestic pa<br>married or registered domestic<br>er.<br>e together.<br>by blood, marriage, or adoption                                                                                                  | rtners.  partners.  r  r  (specify relations)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | f you do not have one of these relationsh<br>the court may not be able to consider yo<br>request. Read Form <u>DV-500-INFO</u> for hi                                                                                          |
| a.  We are now may b. We used to be a c. We live togethed. We used to live e. We are related f. We are dating of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | narried or registered domestic parmarried or registered domestic er.  et together.  by blood, marriage, or adoption or used to date, or we are or use                                                                        | partners.  partners.  r  n (specify relationsed to be engaged to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | f you do not have one of these relationsh<br>the court may not be able to consider yo<br>request. Read Form <u>DV-500-INFO</u> for he<br>ship):                                                                                |
| a.  We are now may b. We used to be a c. We live togethed. We used to live e. We are related f. We are dating of g. We are the pare                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | narried or registered domestic paramarried or registered domestic er.  e together.  by blood, marriage, or adoption or used to date, or we are or use ents together of a child or child                                      | partners.  partners.  If  real (specify relationsed to be engaged to green under 18:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | f you do not have one of these relationsh the court may not be able to consider yo request. Read Form <u>DV-500-INFO</u> for he ship):  be married.                                                                            |
| a.  We are now mab. We used to be not come with the weak w | narried or registered domestic pa<br>married or registered domestic<br>er.<br>e together.<br>by blood, marriage, or adoption<br>or used to date, or we are or use<br>ents together of a child or child                       | partners.  In (specify relationsed to be engaged to ren under 18:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | f you do not have one of these relationsh the court may not be able to consider yo request. Read Form DV-500-INFO for he ship):  be be married.  Date of Birth:                                                                |
| a.  We are now mab. We used to be a c. We live togethed. We used to live e. We are related f. We are dating of g. We are the pare Child's Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | narried or registered domestic pararried or registered domestic er.  e together.  by blood, marriage, or adoption or used to date, or we are or use ents together of a child or childs                                       | partners.  partners.  r  n (specify relationsed to be engaged to ren under 18:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | f you do not have one of these relationsh the court may not be able to consider yo request. Read Form DV-500-INFO for he ship):  Date of Birth: Date of Birth:                                                                 |
| a.  We are now mab. We used to be inc. We live togethed. We used to live e. We are related for the weare dating of g. We are the pare Child's Name:  Child's Name: Child's Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | narried or registered domestic pararried or registered domestic er.  e together.  by blood, marriage, or adoption or used to date, or we are or use ents together of a child or childs                                       | partners.  partners.  r  n (specify relationsed to be engaged to ren under 18:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | f you do not have one of these relationsh the court may not be able to consider you request. Read Form DV-500-INFO for his ship):  Date of Birth:  Date of Birth:  Date of Birth:                                              |
| a.  We are now mab. We used to be inc. We live togethed. We used to live e. We are related for the weare dating of g. We are the pare Child's Name:  Child's Name: Child's Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | narried or registered domestic pararried or registered domestic er.  e together.  by blood, marriage, or adoption or used to date, or we are or use ents together of a child or childs                                       | partners.  partners.  r  n (specify relationsed to be engaged to ren under 18:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | f you do not have one of these relationsh the court may not be able to consider you request. Read Form DV-500-INFO for his ship):  Date of Birth: Date of Birth:                                                               |
| a.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | narried or registered domestic pararried or registered domestic er.  e together.  by blood, marriage, or adoption or used to date, or we are or use ents together of a child or children ou need more space. Attach a second | partners.  If you have a series of the paper and the paper | f you do not have one of these relationsh the court may not be able to consider you request. Read Form DV-500-INFO for head ship):  Date of Birth:  Date of Birth:  Date of Birth:                                             |



Clerk stamps date here when form is filed.

|            |     |                                                                                                                                                 |                                                                 | Case Number:                                                                                      |  |  |  |
|------------|-----|-------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|---------------------------------------------------------------------------------------------------|--|--|--|
|            |     |                                                                                                                                                 |                                                                 |                                                                                                   |  |  |  |
| 5          |     | ther Restraining Orders and Cou<br>Are there any restraining/protective order<br>(emergency protective orders, criminal, ju                     | rs currently in place OR that havuvenile, family)?              |                                                                                                   |  |  |  |
|            | 1.  | ☐ No ☐ Yes (date of order):                                                                                                                     | \ 1                                                             | (Attach a copy if you have one)                                                                   |  |  |  |
|            | D.  | Have you or any other person named in (  No ☐ Yes If yes, check each kind                                                                       |                                                                 |                                                                                                   |  |  |  |
|            |     | Kind of Case                                                                                                                                    |                                                                 | Year Filed Case Number (if known)                                                                 |  |  |  |
|            |     | <ul><li>☐ Divorce, Nullity, Legal Separation</li><li>☐ Civil Harassment</li></ul>                                                               |                                                                 |                                                                                                   |  |  |  |
|            |     | Domestic Violence                                                                                                                               |                                                                 |                                                                                                   |  |  |  |
|            |     | ☐ Criminal ☐ Juvenile, Dependency, Guardianship ☐ Child Support                                                                                 |                                                                 |                                                                                                   |  |  |  |
|            |     | ☐ Child Support ☐ Parentage, Paternity                                                                                                          |                                                                 |                                                                                                   |  |  |  |
|            |     | Other (specify):                                                                                                                                |                                                                 |                                                                                                   |  |  |  |
|            |     | Check here if you need more space. A title.                                                                                                     | Attach a sheet of paper and write                               | e "DV-100, Other Court Cases" for a                                                               |  |  |  |
| Che        | eck | the orders you want. <b>Þ</b>                                                                                                                   |                                                                 |                                                                                                   |  |  |  |
| <b>6</b> ) |     | Personal Conduct Orders                                                                                                                         |                                                                 |                                                                                                   |  |  |  |
|            | I a | ask the court to order the person in $(2)$ not to do the following things to me or anyone listed in $(3)$ :                                     |                                                                 |                                                                                                   |  |  |  |
|            | a.  | Harass, attack, strike, threaten, assaul property, disturb the peace, keep undotherwise), or block movements                                    |                                                                 |                                                                                                   |  |  |  |
|            | b.  | Contact, either directly or indirectly, or other electronic means                                                                               | in any way, including but not lir                               | mited to, by telephone, mail or e-mail                                                            |  |  |  |
|            |     | The person in <b>2</b> will be ordered not to t person unless the court finds good cause                                                        |                                                                 | sses or locations of any protected                                                                |  |  |  |
| <b>7</b> ) |     | Stay-Away Order                                                                                                                                 |                                                                 |                                                                                                   |  |  |  |
|            | a.  | I ask the court to order the person in <b>2</b> )                                                                                               |                                                                 | way from (check all that apply):                                                                  |  |  |  |
|            |     | ☐ Me ☐ M                                                                                                                                        | • _                                                             |                                                                                                   |  |  |  |
|            |     |                                                                                                                                                 | ach person listed in <b>3</b> he child(ren)'s school or child c | ora                                                                                               |  |  |  |
|            |     | · · · · · · · · · · · · · · · · · · ·                                                                                                           | ther (specify):                                                 | aie                                                                                               |  |  |  |
|            | b.  | If the person listed in <b>(2)</b> is ordered to staget to his or her home, school, job, workp                                                  | ay away from all the places listed                              | d above, will he or she still be able to es \( \subseteq \text{No} \( (\text{If no, explain}): \) |  |  |  |
|            |     |                                                                                                                                                 |                                                                 |                                                                                                   |  |  |  |
| 8          |     | Move-Out Order (If the person in 2) lives with you and you want that person to stay away from your home, you must ask for this move-out order.) |                                                                 |                                                                                                   |  |  |  |
|            |     | I ask the court to order the person in <b>2</b> to move out from and not return to (address):                                                   |                                                                 |                                                                                                   |  |  |  |
|            |     | I have the right to live at the above addre                                                                                                     | ss because (explain):                                           |                                                                                                   |  |  |  |
|            |     |                                                                                                                                                 |                                                                 |                                                                                                   |  |  |  |
|            |     | This                                                                                                                                            | is not a Court Order.                                           |                                                                                                   |  |  |  |

|             |                                                                                                                                                                                                                                                                                                               | Case Number:                                      |
|-------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|
|             |                                                                                                                                                                                                                                                                                                               |                                                   |
|             | Guns or Other Firearms or Ammunition                                                                                                                                                                                                                                                                          |                                                   |
| 9)          | I believe the person in (2) owns or possesses guns, firearms, or ammunition. If the judge approves the order, the person in (2) will be ordered not to own firearm or ammunition. The person will be ordered to sell to, or store with, a enforcement, any guns or firearms that he or she owns or possesses. | n, possess, purchase, or receive a                |
| 10          | ☐ Record Unlawful Communications                                                                                                                                                                                                                                                                              |                                                   |
|             | I ask for the right to record communications made to me by the person in                                                                                                                                                                                                                                      | 1 (2) that violate the judge's orders.            |
| (11)        | ☐ Care of Animals                                                                                                                                                                                                                                                                                             |                                                   |
|             | I ask for the sole possession, care, and control of the animals listed below  2 to stay at least yards away from and not take, sell, transfe strike, threaten, harm, or otherwise dispose of the following animals:                                                                                           | _                                                 |
|             | I ask for the animals to be with me because:                                                                                                                                                                                                                                                                  |                                                   |
| 12          | ☐ Child Custody and Visitation                                                                                                                                                                                                                                                                                |                                                   |
| (12)        | a.   I do not have a child custody or visitation order and I want one.                                                                                                                                                                                                                                        |                                                   |
|             | b.   I have a child custody or visitation order and I want it changed.                                                                                                                                                                                                                                        |                                                   |
|             | If you ask for orders, you must fill out and attach Form DV-105, Request for                                                                                                                                                                                                                                  | r Child Custody and Visitation Orders.            |
|             | You and the other parent may tell the court that you want to be legal parent. Agreement and Judgment of Parentage).                                                                                                                                                                                           | s of the children (use <u>Form DV-180</u> ,       |
| (13)        | ☐ Child Support (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.                                                                                                                                                                                                                                                      |                                                   |
|             | c.  I now receive or have applied for TANF, Welfare, CalWORKS, or N                                                                                                                                                                                                                                           |                                                   |
|             | If you ask for child support orders, you must fill out and attach <u>form FL-150</u> Form FL-155, Financial Statement (Simplified).                                                                                                                                                                           | , income and Expense Deciaration of               |
| 14)         | □ Property Control                                                                                                                                                                                                                                                                                            |                                                   |
|             | I ask the court to give <i>only</i> me temporary use, possession, and control of                                                                                                                                                                                                                              | the property listed here:                         |
|             | D.I.( D.)                                                                                                                                                                                                                                                                                                     |                                                   |
| (15)        | Debt Payment  Lock the count to order the moreon in the moles these newments while the                                                                                                                                                                                                                        | ha andon is in affact.                            |
|             | I ask the court to order the person in <b>(2)</b> to make these payments while to Check here if you need more space. Attach a sheet of paper and write                                                                                                                                                        |                                                   |
|             | Pay to: For: Amount: \$                                                                                                                                                                                                                                                                                       |                                                   |
| <b>16</b> ) | □ Property Restraint                                                                                                                                                                                                                                                                                          | Bue date:                                         |
|             | I am married to or have a registered domestic partnership with the                                                                                                                                                                                                                                            | <b>person in</b> $(2)$ . I ask the judge to order |
|             | that the person in <b>2</b> not borrow against, sell, hide, or get rid of or destroin the usual course of business or for necessities of life. I also ask the jud                                                                                                                                             | by any possessions or property, except            |
|             | me of any new or big expenses and to explain them to the court.                                                                                                                                                                                                                                               |                                                   |
| (17)        | ☐ Spousal Support  I am married to or have a registered domestic partnership with the person                                                                                                                                                                                                                  | n in (2) and no snousal support order             |
|             | exists. I ask the court to order the person in (2) to pay spousal support. (1)                                                                                                                                                                                                                                |                                                   |
|             | FL-150, Income and Expense Declaration, before your hearing).                                                                                                                                                                                                                                                 | 1, ,, 2                                           |
|             | This is not a Court Order                                                                                                                                                                                                                                                                                     |                                                   |

**DV-100,** Page 3 of 6

|     |                                                                                                            | Case                                                                                                             | Number:                       |  |  |  |  |
|-----|------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|-------------------------------|--|--|--|--|
|     |                                                                                                            |                                                                                                                  |                               |  |  |  |  |
|     | <ul> <li>Rights to Mobile Device and Wireless Phone Accour</li> </ul>                                      | nt                                                                                                               |                               |  |  |  |  |
| a.  | a.   Property control of mobile device and wireless phone account                                          |                                                                                                                  |                               |  |  |  |  |
|     | I ask the court to give <b>only</b> me temporary use, possession, and control                              |                                                                                                                  | 9                             |  |  |  |  |
|     |                                                                                                            |                                                                                                                  | e wireless phone account for  |  |  |  |  |
|     | following wireless phone numbers because the account currently be                                          | _                                                                                                                |                               |  |  |  |  |
|     | (including area code): my nu                                                                               |                                                                                                                  | •                             |  |  |  |  |
|     | (including area code): my nu                                                                               |                                                                                                                  | number of child in my car     |  |  |  |  |
|     | •                                                                                                          |                                                                                                                  | number of child in my car     |  |  |  |  |
|     | Check here if you need more space. Attach a sheet of paper and<br>and Wireless Phone Account" for a title. | write "DV                                                                                                        | '-100, Rights to Mobile Dev   |  |  |  |  |
| b.  | b. Debt Payment                                                                                            |                                                                                                                  |                               |  |  |  |  |
|     | I ask the court to order the person in <b>2</b> to make the payments for the because:                      | he wireless                                                                                                      | phone accounts listed in 18   |  |  |  |  |
|     | Name of the wireless service provider is:  Amou                                                            | ınt: \$                                                                                                          | Due Date:                     |  |  |  |  |
|     | If you are requesting this order, you must complete, file, and serve                                       | · <u> </u>                                                                                                       |                               |  |  |  |  |
|     | Declaration, before your hearing.                                                                          | I OTHLE L-1.                                                                                                     | oo, meome and Expense         |  |  |  |  |
| c.  |                                                                                                            |                                                                                                                  |                               |  |  |  |  |
| ٠.  | I ask the court to order the wireless service provider to transfer the                                     | billing resp                                                                                                     | onsibility and rights to the  |  |  |  |  |
|     | wireless phone numbers listed in 18a to me because the account cur                                         |                                                                                                                  | _                             |  |  |  |  |
|     | If the judge makes this order, you will be financially responsible for                                     |                                                                                                                  |                               |  |  |  |  |
|     |                                                                                                            | fees and costs of any mobile devices connected to these phone numbers. You may be responsible for other fees.    |                               |  |  |  |  |
|     | You must contact the wireless service provider to find out what fees                                       | You must contact the wireless service provider to find out what fees you will be responsible for and whether you |                               |  |  |  |  |
|     | are eligible for an account.                                                                               |                                                                                                                  |                               |  |  |  |  |
|     | ☐ Insurance                                                                                                |                                                                                                                  |                               |  |  |  |  |
|     | I ask the court to order the person in (2) NOT to cash, borrow again                                       | st, cancel,                                                                                                      | transfer, dispose of, or char |  |  |  |  |
|     | beneficiaries of any insurance or coverage held for the benefit of me                                      |                                                                                                                  |                               |  |  |  |  |
|     | whom support may be ordered, or both.                                                                      |                                                                                                                  |                               |  |  |  |  |
|     | □ Lawyer's Fees and Costs                                                                                  |                                                                                                                  |                               |  |  |  |  |
|     | I ask that the person in $(2)$ pay some or all of my lawyer's fees and costs.                              |                                                                                                                  |                               |  |  |  |  |
|     | You must complete, file, and serve form FL-150, Income and Expen                                           |                                                                                                                  | tion, before your hearing.    |  |  |  |  |
|     | ☐ Payments for Costs and Services                                                                          |                                                                                                                  |                               |  |  |  |  |
|     | I ask the court to order the person in $(2)$ to pay the following:                                         |                                                                                                                  |                               |  |  |  |  |
|     | You can ask for lost earnings or your costs for services caused dire                                       | ctly by the i                                                                                                    | person in $(2)$ (damaged pro  |  |  |  |  |
|     | medical care, counseling, temporary housing, etc.). You must bring                                         |                                                                                                                  |                               |  |  |  |  |
|     |                                                                                                            |                                                                                                                  |                               |  |  |  |  |
|     | Pay to: For: For:                                                                                          |                                                                                                                  | Amount: \$                    |  |  |  |  |
|     | □ Batterer Intervention Program                                                                            |                                                                                                                  | 7πησαπτ. ψ                    |  |  |  |  |
| ) Ш |                                                                                                            | 44                                                                                                               |                               |  |  |  |  |
|     | I ask the court to order the person listed in <b>2</b> to go to a 52-week be of completion to the court.   | atterer inte                                                                                                     | rvention program and snow     |  |  |  |  |
|     | ☐ Other Orders                                                                                             |                                                                                                                  |                               |  |  |  |  |
|     | What other orders are you asking for?                                                                      |                                                                                                                  |                               |  |  |  |  |
|     | -                                                                                                          |                                                                                                                  |                               |  |  |  |  |
|     |                                                                                                            |                                                                                                                  |                               |  |  |  |  |
|     |                                                                                                            |                                                                                                                  |                               |  |  |  |  |
|     |                                                                                                            |                                                                                                                  |                               |  |  |  |  |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Case Number:                                                                                  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| 24)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Th<br>co                 | ime for Service (Notice) The papers must be personally served on the person in (2) at least five ourt orders a shorter time for service. If you want there to be fewer the earing, explain why below. For help, read Form DV-200-INFO, "With the earling of the earli | han five days between service and the                                                         |
| <b>25</b> )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | If you                   | Fee to Serve (Notify) Restrained Person  want the sheriff or marshal to serve (notify) the restrained person a  what you need to do.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | bout the orders for free, ask the court                                                       |
| <b>26</b> )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | The c<br>("tem<br>the or | court will schedule a hearing on your request. If the judge does not maporary restraining orders"), the judge may still make the orders after orders effective right away, you can ask the court to cancel the hearing the enied Request for Temporary Restraining Order, for more information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | the hearing. If the judge does not make g. Read <u>form DV-112</u> , <i>Waiver of Hearing</i> |
| Describe Abuse  Describe how the person in ② abused you. Abuse means to intentionally or recklessly cause or attemptodily injury to you; or to place you or another person in reasonable fear of imminent serious bodily in harass, attack, strike, threaten, assault (sexually or otherwise), hit, follow, stalk, molest, keep you under surveillance, impersonate (on the Internet, electronically or otherwise), batter, telephone, or contact you disturb your peace; or to destroy your personal property. (For a complete definition, see Fam. Code, § a. Date of most recent abuse:  1. Who was there?  2. Describe how the person in ② abused you or your child(ren): |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 3.                       | ☐ Check here if you need more space. Attach a sheet of paper and Did the person in ② use or threaten to use a gun or any other weap                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | •                                                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 4.                       | Describe any injuries:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 5.                       | Did the police come?  \[ \sum \text{No} \sum \text{Yes} \] If yes, did they give you or the person in \( \begin{align*} \text{2} \) an Emergency Protection Attach a copy if you have one.  The order protects \[ \sum \text{you} \text{ or } \sum \text{ the person in } \( \begin{align*} \text{2} \] This is not a Court Order.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ve Order?  Yes  No I don't know                                                               |

|              |                                                          |                               |                                                                                      | Case Number:                                                                                                          |  |  |
|--------------|----------------------------------------------------------|-------------------------------|--------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|--|--|
|              |                                                          |                               |                                                                                      |                                                                                                                       |  |  |
| <b>(27)</b>  | Describe Abuse (continued)                               |                               |                                                                                      |                                                                                                                       |  |  |
|              |                                                          |                               | person in 2 abused you (or your child(ren)                                           |                                                                                                                       |  |  |
|              | b. Date of abuse:                                        |                               |                                                                                      |                                                                                                                       |  |  |
|              |                                                          |                               | Who was there?                                                                       |                                                                                                                       |  |  |
|              |                                                          | ۷.                            | Describe how the person in <b>2</b> abused you or                                    | your child(ren):                                                                                                      |  |  |
|              |                                                          |                               |                                                                                      |                                                                                                                       |  |  |
|              |                                                          |                               | Check here if you need more space. Attactitle.                                       | h a sheet of paper and write "DV-100, Recent Abuse" for a                                                             |  |  |
|              |                                                          | 3.                            |                                                                                      | gun or any other weapon?   No Yes (If yes, describe):                                                                 |  |  |
|              |                                                          | 4.                            |                                                                                      |                                                                                                                       |  |  |
|              |                                                          | 5.                            | Did the police come?                                                                 |                                                                                                                       |  |  |
|              |                                                          |                               | If yes, did they give you or the person in <b>(2)</b> an Emergency Protective Order? |                                                                                                                       |  |  |
|              | ☐ Yes ☐ No ☐ I don't know Attach a copy if you have one. |                               |                                                                                      |                                                                                                                       |  |  |
|              |                                                          |                               | or describe any previous abuse on an attache                                         | heck here and use <u>Form DV-101</u> , Description of Abuse d sheet of paper and write "DV-100, Previous Abuse" for a |  |  |
|              |                                                          | _                             | title.                                                                               |                                                                                                                       |  |  |
| <b>(28)</b>  |                                                          | Other Persons to Be Protected |                                                                                      |                                                                                                                       |  |  |
|              | The pe                                                   | ersc                          | ons listed in item 3 need an order for protect                                       | ion because (describe):                                                                                               |  |  |
|              |                                                          |                               |                                                                                      |                                                                                                                       |  |  |
|              |                                                          |                               |                                                                                      |                                                                                                                       |  |  |
|              |                                                          |                               |                                                                                      |                                                                                                                       |  |  |
|              |                                                          |                               |                                                                                      |                                                                                                                       |  |  |
| <b>(29</b> ) | Numbe                                                    | er c                          | of pages attached to this form, if any:                                              |                                                                                                                       |  |  |
| Ldec         | lare und                                                 | ler                           | penalty of perjury under the laws of the State of                                    | of California that the information above is true and correct.                                                         |  |  |
|              |                                                          |                               |                                                                                      | of Camorina that the information above is true and correct.                                                           |  |  |
| Date:        | ·                                                        |                               |                                                                                      |                                                                                                                       |  |  |
| Type         | or prin                                                  | t ye                          | our name                                                                             | Sign your name                                                                                                        |  |  |
| Date:        | :                                                        |                               |                                                                                      |                                                                                                                       |  |  |
| Laws         | ver's na                                                 | me                            | if you have one                                                                      | Lawyer's signature                                                                                                    |  |  |
| y            | D 11001                                                  | ,                             | This is not a                                                                        | , ,                                                                                                                   |  |  |