CLETS-001

Confidential Information for Law Enforcement

| requ you law | nired in your case. If the judge gragive on this form will be entered | k, along with the other court forms ants the restraining order, informat into a database (called CLETS) to information changes later, you may | ion 6 | To Court Clerk: Do not file this form. The information on this form must be entered into the protective order registry in CLETS. |
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| | piete tins form again and turn it is | ii to the court. | | Court fills in case number when form is received. |
| | | | | Case Number: |
| | | to it is required. All other inform | nation | |
| s hel | pful. | | | |
| | | | D | ate received by court: |
| 1) | Person You Want a Restra | aining Order Against | | |
| • | | | | |
| | | | | |
| | | | | SSN: |
| | Telephone: | Driver e license (number o | nd state |). |
| | Vehicle type: | Model: Y | na siaie) ear: | Plate number: |
| | Name of employer and address: | Nodel 1 | car | Trace number. |
| | Does the person have any firearm No I don't know | Yes I don't know ms (guns), firearm parts, ammunition to the law like the type, amount | | |
| 2 | Does the person have any firearm No I don't know Yes (Give any information y *Your Name: | | ent, or lo | ocation of any items, if known.) |
| 2 3 | Does the person have any firearm No I don't know Yes (Give any information y *Your Name: | ms (guns), firearm parts, ammunition on the second have below, like the type, amou | ent, or lo | ocation of any items, if known.) |
| $\overline{}$ | Does the person have any firearm No I don't know Yes (Give any information y *Your Name: (Skip 3) and 4) if y Your information | ns (guns), firearm parts, ammunition ou have below, like the type, amount of the second of the secon | nt, or lo | ng order (form GV-100).) |
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This is not a Court Order—Do not place in court file.

| CH-100 | Request for Civil Harassment Restraining Orders | Clerk stamps date here when form is filed. |
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| INFO) before comp | Harassment Restraining Order Help Me? (form CH-10 pleting this form. Also fill out Confidential CLETS CLETS-001) with as much information as you know. | 00- |
| 1 Person Se a. Your Ful | eeking Protection Il Name: Age: | |
| Name: Firm Nar b. Your Add informati | wyer (if you have one for this case) State Bar No.: me: dress (If you have a lawyer, give your lawyer's ion. If you do not have a lawyer and want to keep your | Fill in court name and street address: Superior Court of California, County of |
| instead. Address: City: Telephon | dress private, you may give a different mailing address You do not have to give telephone, fax, or email.) State: Zip: De: Fax: | Court fills in case number when form is filed. Case Number: |
| Full Name: Address (if k | com Whom Protection Is Sought known): State: | |
| Additiona a. Are you | asking for protection for any other family or househol Full Name Gender Y Y Y Y | Id members? Yes No If yes, list them: with you? How are they related to you? Yes No Yes No Yes No |
| Persons b. Why do Check h | there if there are more persons. Attach a sheet of paper in for a title. You may use form MC-025, Attachment. It these people need protection? (Explain below): where if there is not enough space for your answer. Put your form MC-025 and write "Attachment 3b—Why Other | your complete answer on the attached sheet of |

| (1) | : | | | | | |
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| Venue Why are you filing in this county? (Check all that apply): a. The person in ② lives in this county. b. I was harassed by the person in ② in this county. c. Other (specify): Other Court Cases a. Have you or any of the persons named in ③ been involved in another court case with Yes No (If yes, check each kind of case and indicate where and when each Kind of Case Filed in (County/State) Year File (1) Civil Harassment (2) Domestic Violence (3) Divorce, Nullity, Legal Separation (4) Paternity, Parentage, Child Custody (5) Elder or Dependent Adult Abuse (6) Eviction (7) Guardianship (8) Workplace Violence (9) Small Claims (10) Criminal (11) Other (specify): b. Are there now any protective or restraining orders in effect relating to you or any of the person in ②? No Yes (If yes, attach a copy if you have one.) Description of Harassment Harassment means violence or threats of violence against you, or a course of conduct the annoyed, or harassed you and caused you substantial emotional distress. A course of conduct the annoyed, or harassed you and caused you substantial emotional distress. A course of conduct the annoyed, or harassed you and caused you substantial emotional distress. A course of conduct the dannoyed, or harassed you and caused you substantial emotional distress. A course of conduct the last time the person in ② harassed you. (1) When did it happen? (provide date or estimated date): | on the attached sheet of | | | | | |
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| | Case Number: |
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| a. (3) | How did the person in (2) harass you? (Explain below): Check here if there is not enough space for your answer. Put your complete answer on the attached sheet of paper or form MC-025 and write "Attachment 7a(3)—Describe Harassment" for a title. |
| | |
| (4) | Did the person in ② use or threaten to use a gun or any other weapon? Yes No (If yes, explain below): |
| | Check here if there is not enough space for your answer. Put your complete answer on the attached sheet of paper or form MC-025 and write "Attachment 7a(4)—Use of Weapons" for a title. |
| (5) | Were you harmed or injured because of the harassment? Yes No (If yes, explain below): Check here if there is not enough space for your answer. Put your complete answer on the attached sheet of paper or form MC-025 and write "Attachment 7a(5)—Harm or Injury" for a title. |
| (6) | Did the police come? Yes No |
| | If yes, did they give you or the person in ② an Emergency Protective Order? Yes No If yes, the order protects (check all that apply): Me The person in ② The persons in ③. (Attach a copy of the order if you have one.) |
| | s the person in 2 harassed you at other times? |

| person to be e), hit, abuse, destroy to, in person, by message, by fax, or by er on the attached ct Orders," for a |
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Case Number:

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| | Temporary Restraining Or | rder | | |
|) | I request that a Temporary Restraining am presenting form CH-110, <i>Tempora</i> | g Order (TRO) be issued | | • |
| | Has the person in 2 been told that y Yes No (If you answerd) | | | him or her? |
| | Check here if there is not enough paper or form MC-025 and write | 1 0 0 | | v |
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| ! | Request to Give Less That | | | |
| | You must have your papers personally court orders a shorter time for service CH-200, Proof of Personal Service, m | e. (Form CH-200-INFO e | explains What Is "Proof of | Personal Service"? Form |
| | | | 1 1 | , |
| | If you want there to be fewer than five | • | | |
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|) | No Fee for Filing or Service | ce | | |
|) | No Fee for Filing or Service a. There should be no filing fee has stalked me, or has acted or | because the person in 2 | | |
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| | a. There should be no filing fee has stalked me, or has acted of the stalked me, or has acted of the sheriff or marshal should for orders is based on unlawfor. c. There should be no filing fee entitled to a fee waiver. (You and Costs.) Lawyer's Fees and Costs I ask the court to order payment of the amounts requested are: | because the person in 2 or spoken in some other values are spoken in a spoken in some other values are spoken in spoke | vay that makes me reasonan in 2 about the orders for reat of violence, or stalking all should serve the person form FW-001, Application Court costs. | ably fear violence. r free because my reques g. in ② for free because I a for Waiver of Court Fees |
| | a. There should be no filing fee has stalked me, or has acted of the sheriff or marshal should for orders is based on unlawfor. There should be no filing fee entitled to a fee waiver. (You and Costs.) Lawyer's Fees and Costs I ask the court to order payment or the stalked me, or has acted to the should be no filing fee. | because the person in 2 or spoken in some other vectors are considered as the person of the person o | vay that makes me reasonan in 2 about the orders for reat of violence, or stalkinal should serve the person orm FW-001, Application | ably fear violence. If free because my request g. In ② for free because I at for Waiver of Court Fees Amount |
| | a. There should be no filing fee has stalked me, or has acted of the sheriff or marshal should for orders is based on unlawfor. There should be no filing fee entitled to a fee waiver. (You and Costs.) Lawyer's Fees and Costs I ask the court to order payment of the amounts requested are: Item | because the person in 2 or spoken in some other velocity the person ful violence, a credible the and the sheriff or marsh a must complete and file for my lawyer's feet Amount | vay that makes me reasonan in ② about the orders for reat of violence, or stalking all should serve the person form FW-001, Application Court costs. Item | ably fear violence. If free because my request g. In (2) for free because I a for Waiver of Court Fees Amount |

| | Case Number: | |
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| □ Possession and Protection of Animals I ask the court to order the following: a. □ That I be given the sole possession, care, and control of the animals listed below, which I own, possess, lease, keep, or hold, or which reside in my household. (Identify animals by, e.g., type, breed, name, color, sex.) | | |
| I request sole possession of the animals because (specify go Check here if there is not enough space for your answer paper or form MC-025 and write "Attachment 15a—Po | er. Put your complete answer on the attached sheet | |
| b. That the person in (2) must stay at least yards a conceal, molest, attack, strike, threaten, harm, or otherwards. | | |
| | wise dispose of, the diffinals fished doore. | |
| ■ Additional Orders Requested I ask the court to make the following additional orders (specify Check here if there is not enough space for your answer. F paper or form MC-025 and write "Attachment 16—Additional orders (specify Check here if there is not enough space for your answer. F paper or form MC-025 and write "Attachment 16—Additional orders (specify Check here if there is not enough space for your answer.) | y): Put your complete answer on the attached sheet of | |
| ☐ Additional Orders Requested I ask the court to make the following additional orders (specify Check here if there is not enough space for your answer. F | y): Put your complete answer on the attached sheet of | |
| ☐ Additional Orders Requested I ask the court to make the following additional orders (specify Check here if there is not enough space for your answer. F paper or form MC-025 and write "Attachment 16—Additional orders (specify check here if there is not enough space for your answer. F paper or form MC-025 and write "Attachment 16—Additional orders (specify check here if there is not enough space for your answer. F paper or form MC-025 and write "Attachment 16—Additional orders (specify check here if there is not enough space for your answer. F paper or form MC-025 and write "Attachment 16—Additional orders (specify check here if there is not enough space for your answer. F paper or form MC-025 and write "Attachment 16—Additional orders (specify check here)". | y): Put your complete answer on the attached sheet of | |
| ☐ Additional Orders Requested I ask the court to make the following additional orders (specify Check here if there is not enough space for your answer. F paper or form MC-025 and write "Attachment 16—Additional orders (specify and write "Attachment 16—Additional orders (speci | y): Put your complete answer on the attached sheet of onal Orders Requested," for a title. | |
| ☐ Additional Orders Requested I ask the court to make the following additional orders (specify Check here if there is not enough space for your answer. F paper or form MC-025 and write "Attachment 16—Addition Number of pages attached to this form, if any: | y): Put your complete answer on the attached sheet of onal Orders Requested," for a title. Lawyer's signature | |

| CH-109 Notice of Court Hearing | Clerk stamps date here when form is filed. |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| 1 Person Seeking Protection | |
| a. Your Full Name: | |
| Your Lawyer (if you have one for this case): | |
| Name:State Bar No | |
| Tim Name. | Fill in court name and street address: |
| b. Your Address (If you have a lawyer, give your lawyer If you do not have a lawyer and want to keep your how private, you may give a different mailing address instead have to give telephone, fax, or email.) | ne address |
| Address: State: Zip: _ | |
| • | |
| Telephone: Fax: Email Address: | Case Number: |
| A court hearing is scheduled on the request for r | restraining orders against the person in 2: Name and address of court if different from above: |
| Hearing Date: Time: Dept.: Room: | |
| To the person in ②: | |
| • If you attend the hearing (in person, by phone, or by videocoryou, the order will be effective immediately, and you could be | |
| • If you do not attend the hearing, the judge may still grant the receive a copy of the order, you could be arrested if you violated the property of the order. | |
| 4 Temporary Restraining Orders (Any orders grant | ted are on form CH-110, served with this notice.) |
| a. Temporary Restraining Orders for personal conduct a for Civil Harassment Restraining Orders, are (check of the conduct of t | nd stay-away orders as requested in form CH-100, Requestionly one box below): |
| (1) All GRANTED until the court hearing. | |
| (2) All DENIED until the court hearing. (Specify | reasons for denial in b, below.) |
| | the court hearing. (Specify reasons for denial in b. below.) |

| | | s for denial of some or all of those personal conduct and stay-away orders as requested in form CH-100, to for Civil Harassment Restraining Orders, are: |
|------------|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | (1) | The facts as stated in form CH-100 do not sufficiently show acts of violence, threats of violence, or a course of conduct that seriously alarmed, annoyed, or harassed the person in 1 and caused substantial emotional distress. |
| | (2) | Other (specify): As stated on Attachment 4b. |
| | | |
| | | |
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| | | |
| | | |
| | | |
| (5) | Confide | ntial Information Regarding Minor |
| • | | equest to keep minor's information confidential was made (see form CH-160) and GRANTED . (See |
| | | in CH-165, Order on Request to Keep Minor's Information Confidential, served with this form.) |
| | kept C | request was granted, the information described in item 7 on the order (form CH-165) must be ONFIDENTIAL. The disclosure or misuse of the information is punishable as a sanction, with a up to \$1,000 or other court penalties. |
| 6 | Service | of Documents for the Person in ① |
| | protected- | five days before the hearing, someone age 18 or older—not you or anyone to be—must personally give (serve) a court's file-stamped copy of this form CH-109 to the person in (2) a copy of all the forms indicated below: |
| | a. CH-100 |), Request for Civil Harassment Restraining Orders (file-stamped) |
| | b. С Н | -110, Temporary Restraining Order (file-stamped) IF GRANTED |
| | c. CH-120 |), Response to Request for Civil Harassment Restraining Orders (blank form) |
| | d. CH-120 | O-INFO, How Can I Respond to a Request for Civil Harassment Restraining Orders? |
| | | -170, Notice of Order Protecting Information of Minor and CH-165, Order on Request to Keep Minor's ormation Confidential (file-stamped) IF GRANTED |
| | f. Oth | er (specify): |
| | | |
| | Date: | |
| | | o navelar Office. |

Case Number:

| Case Number: | |
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| | |

To the Person in 1:

- The court cannot make the restraining orders after the court hearing unless the person in **2** has been personally given (served) a copy of your request and any temporary orders. To show that the person in **2** has been served, the person who served the forms must fill out a proof of service form. Form CH-200, *Proof of Personal Service*, may be used.
- For information about service, read form CH-200-INFO, What Is "Proof of Personal Service"?
- You may ask to reschedule the hearing if you are unable to find the person in **2** and need more time to serve the documents, or for other good reasons. Read form CH-115-INFO, *How to Ask for a New Hearing Date*.
- You must attend the hearing if you want the judge to make any of the orders you requested on form CH-100, *Request for Civil Harassment Restraining Orders*. Bring any evidence or witnesses you have. For more information, read form CH-100-INFO, *Can a Civil Harassment Restraining Order Help Me?*

To the Person in 2:

- If you want to respond to the request for orders in writing, file form CH-120, Response to Request for Civil Harassment Restraining Orders, and have someone age 18 or older—not you or anyone to be protected—mail it to the person in (1).
- The person who mailed the form must fill out a proof of service form. Form CH-250, *Proof of Service by Mail*, may be used. File the completed form with the court before the hearing and bring a copy with you to the court hearing.
- Whether or not you respond in writing, go to the hearing if you want the judge to hear from you before making an order. You may tell the judge why you agree or disagree with the orders requested.
- You may bring witnesses and other evidence.
- At the hearing, the judge may make restraining orders against you that could last up to five years and may order you to turn in to law enforcement, or sell to or store with a licensed gun dealer, any firearms (guns) and firearm parts that you own or possess. This includes firearm receivers and frames, and any item that may be used as or easily turned into a receiver or frame (see Penal Code section 16531). If an order is granted, you will also be prohibited from owning, possessing, or buying body armor and will have to relinquish any body armor you have.
- If you are unable to attend your court hearing or need more time to prepare your case, you may ask to reschedule your court date. Read form CH-115-INFO, *How to Ask for a New Hearing Date*.

Request for Accommodations

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

(Clerk will fill out this part.)

—Clerk's Certificate—

| I certify that this <i>Notice of Co</i> | ourt Hearing is a true and | d correct copy of the origi | nal on file in the court. |
|-----------------------------------------|----------------------------|-----------------------------|---------------------------|
|-----------------------------------------|----------------------------|-----------------------------|---------------------------|

| Clerk's Certificate | Date: | <u> </u> |
|---------------------|-----------|----------|
| [seal] | Clerk, by | , Deputy |

| Person in ① must complete items ① ② and ② only. Protected Person a. Your Full Name: Your Lawyer (if you have one for this case): Name: State Bar No.: Firm Name: b. Your Address (If you have a lawyer, give your lawyer's information. If you do not have a lawyer and want to keep your home address private, you may give a different mailing address instead. You do not have to give telephone, fax, or email.): Address: City: State: Zip: Telephone: Fax: Email Address: Count fills in case number when form is file Case Number: Restrained Person Give all the information you know. Information with a star (*) is required to add this order to the California police database. If age is unknown, give an estimate Pull Name: Pace: Height: Weight: Hair Color: Eye Color: Gender: M | CH-110 | Tempo | orary Rest | raining Or | der | Clerk stamps date here when | i ioiii is illea. |
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| Address: State Bar No.: | Person in (1) mi | ıst complete | e items (1), (2) | , and (3) only. | | | |
| Your Lawyer (if you have one for this case): Name: State Bar No.: Firm Name: b. Your Address (If you have a lawyer and want to keep your home address private, you may give a different mailing address instead. You do not have to give telephone, fax, or email.): Address: State: Zip: Telephone: Fax: Email Address: Court fills in case number when form is fill. Restrained Person Give all the information you know. Information with a star (*) is required to add this order to the California police database. If age is unknown, give an estimate *Full Name: *Age: Date of Birth: *Gender: M F Nonbinary Home Address: City: State: Zip: Relationship to Protected Persons In addition to the person named in ①, the following family or household members of that person are protected the temporary orders indicated below: Full Name Gender Age Household Member? Relation to Protected Person | | | | ,, (, | | | |
| Name: State Bar No.: Firm Name: b. Your Address (If you have a lawyer and want to keep your home address private, you may give a different mailing address instead. You do not have to give telephone, fax, or email.): Address: City: State: Zip: Court fills in case number when form is fill. Restrained Person Give all the information you know. Information with a star (*) is required to add this order to the California police database. If age is unknown, give an estimate *Full Name: *Age: Date of Birth: *Race: Height: Weight: Hair Color: Eye Color: *Gender: M P Nonbinary Home Address: City: State: Zip: Relationship to Protected Persons In additional Protected Persons In addition to the person named in ①, the following family or household members of that person are protected the temporary orders indicated below: Full Name Gender Age Household Member? Relation to Protected Person Person are protected the temporary orders indicated below: Full Name Gender Age Household Member? Relation to Protected Person Person No Per | a. Your Full Na | me: | | | | | |
| Name: State Bar No.: | Your Lawyer | (if you have | e one for this c | ase): | | | |
| b. Your Address (If you have a lawyer, give your lawyer's information. If you do not have a lawyer and want to keep your home address private, you may give a different mailing address instead. You do not have to give telephone, fax, or email.): Address: City: State: Zip: Count fills in case number when form is file address: Case Number: Case Number: (Give all the information you know. Information with a star (*) is required to add this order to the California police database. If age is unknown, give an estimate *Full Name: *Age: Date of Birth: *Race: Height: Weight: Hair Color: Eye Color: Eye Color: City: State: Zip: Relationship to Protected Persons In additional Protected Persons In additional Protected Person named in ①, the following family or household members of that person are protected the temporary orders indicated below: Full Name Gender Age Household Member? Relation to Protected Person No Yes No Yes No Yes No Yes No Yes No Yes No The court will complete the rest of this form. Expiration Date This Order expires at the end of the hearing scheduled for the date and time below: | | | | | | | |
| If you do not have a lawyer and want to keep your home address private, you may give a different mailing address instead. You do not have to give telephone, fax, or email.): Address: City: State: Zip: Email Address: Email Address: Case Number: Restrained Person Give all the information you know. Information with a star (*) is required to add this order to the California police database. If age is unknown, give an estimate *Full Name: *Race: Height: Weight: Hair Color: State: Zip: Relationship to Protected Persons In additional Protected Persons In addition to the person named in ①, the following family or household members of that person are protected the temporary orders indicated below: Full Name Gender Age Household Member? Yes No Yes No Yes No Check here if there are additional persons. List them on an attached sheet of paper and write "Attachmen Additional Protected Persons" as a title. You may use form MC-025, Attachment. The court will complete the rest of this form. Expiration Date This Order expires at the end of the hearing scheduled for the date and time below: | Firm Name: _ | | | | | | |
| Address: City: | If you do not a private, you n | have a lawy 1av give a d | er and want to lifferent mailin | keep your home | e address | | |
| City: | _ | - | | | | | |
| Telephone: Fax: | | | | | | | |
| Restrained Person (Give all the information you know. Information with a star (*) is required to add this order to the California police database. If age is unknown, give an estimate *Full Name: *Race: Height: Weight: Hair Color: State: Zip: Relationship to Protected Persons In addition to the person named in ①, the following family or household members of that person are protected the temporary orders indicated below: Full Name Gender Age Household Member? Full Name Gender Age Household Member? Yes No Yes No Check here if there are additional persons. List them on an attached sheet of paper and write "Attachmen Additional Protected Persons" as a title. You may use form MC-025, Attachment. The court will complete the rest of this form. Expiration Date This Order expires at the end of the hearing scheduled for the date and time below: | • | | | | | | |
| Case Number: | - | | | | | | en form is filed |
| Give all the information you know. Information with a star (*) is required to add this order to the California police database. If age is unknown, give an estimate *Full Name: | | | | | | | |
| *Full Name: *Race: Height: Weight: Hair Color: *Gender: M F Nonbinary Home Address: City: Relationship to Protected Persons In addition to the person named in ①, the following family or household members of that person are protected the temporary orders indicated below: Full Name Gender Age Household Member? Relation to Protected Persons Yes No Yes No Yes No Yes No Yes No The Court will complete the rest of this form. Expiration Date This Order expires at the end of the hearing scheduled for the date and time below: | | | | | (14) | d | |
| *Race: Height: Weight: Hair Color: Eye Color: *Gender: M F Nonbinary Home Address: City: State: Zip: Relationship to Protected Person: Additional Protected Persons | (Give all the info | rmation you | u know. Inform | ation with a sta | r (*) is required s unknown giv | e an estimate | |
| *Gender: M F Nonbinary Home Address: City: State: Zip: Relationship to Protected Person: In additional Protected Persons In addition to the person named in ①, the following family or household members of that person are protected the temporary orders indicated below: Full Name Gender Age Household Member? Relation to Protected Persons No Yes No Yes No Yes No Check here if there are additional persons. List them on an attached sheet of paper and write "Attachmen Additional Protected Persons" as a title. You may use form MC-025, Attachment. The court will complete the rest of this form. Expiration Date This Order expires at the end of the hearing scheduled for the date and time below: | to add this order | to the Calif | fornia police de | atabase. If age i | s unknown, giv | <mark>e an estimate</mark> | |
| City: | *Full Name: | to the Calif | fornia police de | atabase. If age i | s unknown, giv | e an estimate Date of Birth: | |
| Relationship to Protected Persons In additional Protected Persons In addition to the person named in ①, the following family or household members of that person are protected the temporary orders indicated below: Full Name Gender Age Household Member? Relation to Protected Personal Yes No Yes No Yes No Check here if there are additional persons. List them on an attached sheet of paper and write "Attachment Additional Protected Persons" as a title. You may use form MC-025, Attachment. The court will complete the rest of this form. Expiration Date This Order expires at the end of the hearing scheduled for the date and time below: | *Full Name: *Race: | to the Calif | fornia police de Height: | atabase. If age i | s unknown, giv *Age: Hair | e an estimate Date of Birth: Color: Eye Colo | or: |
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| ☐ Yes ☐ No ☐ Check here if there are additional persons. List them on an attached sheet of paper and write "Attachment Additional Protected Persons" as a title. You may use form MC-025, Attachment. The court will complete the rest of this form. Expiration Date This Order expires at the end of the hearing scheduled for the date and time below: | *Full Name: *Race: *Gender: City: Relationship to | to the Calif | Height: Nonbinaterson: | Weight: Home Addu State | *Age: Hair ess: | e an estimate Date of Birth: Color:Eye Color: | or: |
| Check here if there are additional persons. List them on an attached sheet of paper and write "Attachmer Additional Protected Persons" as a title. You may use form MC-025, Attachment. The court will complete the rest of this form. Expiration Date This Order expires at the end of the hearing scheduled for the date and time below: | *Full Name: *Race: *Gender: City: Relationship to Addition In addition to the temporary o | M F Protected Person narrders indicated Full Name | Height: Nonbinaterson: Ted Persons med in 1, the ted below: | Weight: Weight: Home Addu State following fami Gender Age | *Age: *Age: Hair ess: Ly or household Household Yes | Date of Birth: Color: Eye Color: Implication for the person are selected by the person are selected | e protected |
| Additional Protected Persons" as a title. You may use form MC-025, Attachment. The court will complete the rest of this form. Expiration Date This Order expires at the end of the hearing scheduled for the date and time below: | *Full Name: *Race: *Gender: City: Relationship to Addition In addition to the temporary o | M F Protected Period P | Height: Nonbinaterson: ted Persons med in 1, the ted below: | Weight: Ty Home Addi State Gender Age | s unknown, giv Age: Hair ess: If you household Household Yes Yes Yes | Date of Birth: Color: Eye Coloring: I members of that person ar Member? Relation to Prot No No | e protected |
| The court will complete the rest of this form. Expiration Date This Order expires at the end of the hearing scheduled for the date and time below: | *Full Name: *Race: *Gender: City: Relationship to Addition In addition to the temporary o | M F Protected Person narrders indicated Full Name | Height: Nonbinaterson: Ted Persons med in 1, the ted below: | Weight: Weight: Home Addu State Gender Age | s unknown, giv Age: Hair ess: Yes Household Yes Yes Yes Yes | Date of Birth: Color: Eye Color: Impreciate the members of that person are the members of the person are the pe | e protected |
| Expiration Date This Order expires at the end of the hearing scheduled for the date and time below: | *Full Name: *Race: *Gender: City: Relationship to Addition In addition to the temporary of the temporary of the content of the content of the temporary of the content of the temporary of the content of the cont | M F Protected Period P | Height: Nonbinaterson: The Persons and in 1, the steel below: The additional personal perso | Weight: Weight: Home Addu Stat Gender Age Gender Age rsons. List them | s unknown, giv Age: Hair ess: Household Household Yes Yes Yes Yes n an attached | Date of Birth: Color: Eye Color: Imp: Property of that person are the members of t | e protected |
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| | *Full Name: *Race: *Gender: City: Relationship to Addition In addition to the temporary of the temporary of the content of the content of the temporary of the content of the temporary of the content of the cont | M F Protected Period P | Height: Nonbinaterson: The Persons and in 1, the steed below: The additional persons as a transfer of the steed below. | Weight: Weight: Home Addu Stat Gender Age Gender Age rsons. List them itle. You may us | s unknown, giv Age: Hair ess: Household Household Yes Yes Yes Yes on an attached e form MC-025 | Date of Birth: Color: Eye Color: Imp: Page 1 members of that person are selected by the person are sel | e protected |
| Date 1111c, 1111c, | *Full Name: *Race: *Gender: City: Relationship to Addition In addition to the temporary of the temporar | Protected Person name al Protection person name refers indicated Full Name if there are Protected Full Protected Full Name | Height: Nonbinaterson: The court Norman Nonbinaterson: Nonbinaterson: Nonbinaterson: Persons And Andrew Andr | Weight: Weight: Home Addi State Following fami Gender Age rsons. List them itle. You may us will complete the | s unknown, giv Age: Hair ess: Household Household Yes Yes Yes Yes on an attached e form MC-025 the rest of this for | Date of Birth: Color: Eye Color: Imp: In members of that person are the members of t | e protected |

| Case Number: | |
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| | |

To the Person in 2:

The court has granted the temporary orders checked as granted below. If you do not obey these orders, you can be arrested and charged with a crime. You may be sent to jail for up to one year, pay a fine of up to \$1,000, or both.

| 5 | | destroy personal proper (2) Contact the person, eith telephone, in writing, be or by other electronic m (3) Take any action to obtate found good cause not to other (specify): | hings to the persons listed in 3 est, attack, strike, ty of, or disturb the directly or indupy public or private neans. In the person's accordance of make this order. | on named): , stalk, the he peace irectly, i e mail, be ddress or | reaten, assault (sexually or otherwise), hit, abuse, e of the person. In any way, including, but not limited to, in person, by by interoffice mail, by email, by text message, by fax, c location. If this item (3) is not checked, the court has |
|---|----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | b. | Peaceful written contact through | a lawyer or a pro | ocess ser | t the end of this Order on Attachment 5a(4). ever or other person for service of legal papers related However, you may have your papers served by mail |
| 6 | | on the person in ①. tay-Away Order Not Requested Denie | | _ | |
| | a. | You must stay at least (1) The person in 1 (2) Each person in 3 (3) The home of the person (4) The job or workplace of in 1 (5) The school of the person (6) The school of the children person in 1 | in ① the person n in ① | (8) (9) (| _ |
| 7 | No | o Firearms (Guns), Firearn | n Parts, or Am | nmunit | ion or try to receive, or in any other way get any |

| | | Case Number: |
|----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|
| (1) | ibited items are: | |
| (2) | Firearms (guns); Firearm parts, meaning receivers, frames, or any item that may be frame (see Penal Code section 16531); and | used as or easily turned into a receiver |
| (3) c. You: | Ammunition. | |
| (1) | Sell to or store with a licensed gun dealer, or turn in to a law enformation firearm parts in your immediate possession or control. This must with this Order. | |
| | File a receipt with the court within 48 hours of receiving this Ord and firearm parts have been turned in, sold, or stored. (You may the Parts (form CH-800) for the receipt.) | - |
| | The court has received information that you own or possess a fire | arm (gun), firearm parts, or ammunition |
| Nota. | ession and Protection of Animals t Requested Denied Until the Hearing Grante The person in is given the sole possession, care, and control owned, possessed, leased, kept, or held by him or her, or reside in | of the animals listed below, which are |
| | (Identify animals by, e.g., type, breed, name, color, sex.) | his or her household. |
| | (Identify animals by, e.g., type, breed, name, color, sex.) | his or her household. |
| b. 🗀 | (Identify animals by, e.g., type, breed, name, color, sex.) The person in 2 must stay at least yards away from, conceal, molest, attack, strike, threaten, harm, or otherwise dispose | and not take, sell, transfer, encumber, |
| b. 🗖 | The person in (2) must stay at least yards away from, | and not take, sell, transfer, encumber, |
| b. _ | The person in (2) must stay at least yards away from, conceal, molest, attack, strike, threaten, harm, or otherwise dispose | and not take, sell, transfer, encumber, se of, the animals listed above. |
| b. _ | The person in (2) must stay at least yards away from, conceal, molest, attack, strike, threaten, harm, or otherwise disposed orders | and not take, sell, transfer, encumber, se of, the animals listed above. |
| b. _ | The person in (2) must stay at least yards away from, conceal, molest, attack, strike, threaten, harm, or otherwise disposed orders | and not take, sell, transfer, encumber, se of, the animals listed above. |
| b. _ | The person in (2) must stay at least yards away from, conceal, molest, attack, strike, threaten, harm, or otherwise disposed orders | and not take, sell, transfer, encumber, se of, the animals listed above. |
| b. | The person in (2) must stay at least yards away from, conceal, molest, attack, strike, threaten, harm, or otherwise disposed orders | and not take, sell, transfer, encumber, se of, the animals listed above. ed as Follows (specify): |

| | Case Number: |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| To the Person in | 1 |
| 11) Mandatory Entry of Order Into CARPOS Through Cl | LETS |
| This Order must be entered into the California Restraining and Pro- California Law Enforcement Telecommunications System (CLET | |
| a. The clerk will enter this Order and its proof-of-service for b. The clerk will transmit this Order and its proof-of-service into CARPOS. c. By the close of business on the date that this Order is mad deliver a copy of the Order and its proof-of-service form t enter into CARPOS: | form to a law enforcement agency to be entered de, the person in 1 or his or her lawyer should |
| Name of Law Enforcement Agency | Address (City, State, Zip) |
| Additional law enforcement agencies are listed at the entered to Serve (Notify) Restrained Person | rdered Not Ordered se: |
| Date: | <u>Officer</u> |

Warnings and Notices to the Restrained Person in 2

You Cannot Have Firearms (Guns), Firearm Parts, or Ammunition

You cannot own, have, possess, buy or try to buy, receive or try to receive, or otherwise get any prohibited items listed in item 7b on page 3 while this Order is in effect. If you do, you can go to jail and pay a \$1,000 fine. You must sell to or store with a licensed gun dealer, or turn in to a law enforcement agency, any firearms (guns) and firearm parts that you have or control as stated in item (7) above. The court will require you to prove that you did so.

Notice Regarding Nonappearance at Hearing and Service of Order

If you have been personally served with this Temporary Restraining Order and form CH-109, *Notice of Court Hearing*, but you do not appear at the hearing either in person or by a lawyer, and a restraining order that is the same as this Temporary Restraining Order except for the expiration date is issued at the hearing, a copy of the order will be served on you by mail at the address in item(2).

If this address is not correct or you wish to verify that the Temporary Restraining Order was converted into a restraining order at the hearing without substantive change, or to find out the duration of the order, contact the clerk of the court.

| Case Numb | er: | | |
|---------------|-----|--|--|
| Judge Hulling | ••• | | |
| | | | |
| | | | |

After You Have Been Served With a Restraining Order

- Obey all the orders.
- Read form CH-120-INFO, *How Can I Respond to a Request for Civil Harassment Restraining Orders?*, to learn how to respond to this Order.
- If you want to respond, fill out form CH-120, *Response to Request for Civil Harassment Restraining Orders*, and file it with the court clerk. You do not have to pay any fee to file your response if the Request claims that you inflicted or threatened violence against or stalked the person in (1).
- You must have form CH-120 served by mail on the person in ① or that person's attorney. You cannot do this yourself. The person who does the mailing should complete and sign form CH-250, *Proof of Service by Mail*. File the completed proof of service with the court clerk before the hearing date or bring it with you to the hearing.
- In addition to the response, you may file and have declarations served, signed by you and other persons who have personal knowledge of the facts. You may use form MC-030, *Declaration*, for this purpose. It is available from the clerk's office at the court shown on page 1 of this form or at www.courts.ca.gov/forms. If you do not know how to prepare a declaration, you should see a lawyer.
- Whether or not you file a response, you should attend the hearing. If you have any witnesses, they must also go to the hearing.
- At the hearing, the judge can make restraining orders against you that last for up to five years. Tell the judge why you disagree with the orders requested.

Instructions for Law Enforcement

Enforcing the Restraining Order

This order is enforceable by any law enforcement agency that has received the order, is shown a copy of the order, or has verified its existence on the California Restraining and Protective Orders System (CARPOS). If the law enforcement agency has not received proof of service on the restrained person, the agency must advise the restrained person of the terms of the order and then must enforce it. Violations of this order are subject to criminal penalties.

Start Date and End Date of Orders

This order *starts* on the date next to the judge's signature on page 4. The order *ends* on the expiration date in item 4 on page 1.

Arrest Required if Order Is Violated

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

| Case Number: | |
|--------------|--|
| | |

Notice/Proof of Service

The law enforcement agency must first determine if the restrained person had notice of the order. Consider the restrained person "served" (given notice) if (Pen. Code, § 836(c)(2)):

- The officer sees a copy of the Proof of Service or confirms that the Proof of Service is on file; or
- The restrained person was informed of the order by an officer.

An officer can obtain information about the contents of the order and proof of service in CARPOS. If proof of service on the restrained person cannot be verified, the agency must advise the restrained person of the terms of the order and then enforce it.

If the Protected Person Contacts the Restrained Person

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

Conflicting Orders—Priorities for Enforcement

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

- 1. *Emergency Protective Order (EPO):* If one of the orders is an *Emergency Protective Order* (form EPO-001), provisions (e.g., stay-away order) that are more restrictive than in the other restraining/protective orders must be enforced. Provisions of another order that do not conflict with the EPO must be enforced.
- 2. *No-Contact Order:* If a restraining/protective order includes a no-contact order, the no-contact order must be enforced. Item 5a(2) is an example of a no-contact order.
- 3. Criminal Protective Order (CPO): If none of the orders include an EPO or a no-contact order, the most recent CPO must be enforced. (Fam. Code, §§ 6383(h)(2) and 6405(b).) Additionally, a CPO issued in a criminal case involving charges of domestic violence, Penal Code sections 261, 261.5, or former 262, or charges requiring sex offender registration must be enforced over any civil court order. (Pen. Code, § 136.2(e)(2).) All provisions in the civil court order that do not conflict with the CPO must be enforced.
- 4. *Civil Restraining Orders:* If there is more than one civil restraining order (e.g., domestic violence, juvenile, elder abuse, civil harassment), then the order that was issued last must be enforced. Provisions that do not conflict with the most recent civil restraining order must be enforced

| | (Cler | k will fill out this part.) | |
|-------------------------------|-----------------------------------------|----------------------------------------------------|------------------------|
| Clerk's Certificate [seal] | -C | lerk's Certificate- | |
| [sem] | I certify that this original on file in | Temporary Restraining Order is a true a the court. | nd correct copy of the |
| | Date: | Clerk, by | , Deputy |
| | Thi | s is a Court Order. | |