

Response to Request for Domestic Violence Restraining Order*Clerk stamps date here when form is filed.*

Use this form if someone has asked for a domestic violence restraining order against you, and you want to respond in writing. There is no cost to file this form with the court. You will need a copy of the form (DV-100, *Request for Domestic Violence Restraining Order*) that was filled out by the person who asked for a restraining order against you.

Do not use this form to ask for your own restraining order. Read form DV-500-INFO, *Can a Domestic Violence Restraining Order Help Me?* to find out more about this type of restraining order.

Fill in court name and street address:

Superior Court of California, County of

Fill in case number:

Case Number:

1 Name of Person Asking for Protection:*(See form DV-100, item 1):***2 Your Name:****Address where you can receive court papers**

(This address will be used by the court and by the person in 1 to send you official court dates, orders, and papers. For privacy, you may use another address like a post office box, a Safe at Home address, or another person's address, if you have their permission and can get your mail regularly. If you have a lawyer, give their information.)

Address: _____

City: _____ State: ____ Zip: _____

**Your contact information (optional)**

(The court could use this information to contact you. If you don't want the person in 1 to have this information, leave it blank or provide a safe phone number or email address. If you have a lawyer, give their information.)

Email Address: _____ Telephone: _____ Fax: _____

Your lawyer's information (if you have one)

Name: _____ State Bar No.: _____

Firm Name: _____

3 Your Hearing Date (Court Date)

Your hearing date is listed on form DV-109, *Notice of Court Hearing*. If you do not agree to having a restraining order against you, attend your hearing date. If you do not attend your hearing, the judge could grant a restraining order that could last up to five years.

This is not a Court Order.

How to complete this form: To answer the questions below, look at the form DV-100 filled out by the person in ①. Tip: When the restraining order forms say "the person in ②" that means you, and the "person in ①" means the person who is asking for a restraining order against you.

4 Information About You (see item ② on form DV-100)

The person in ① listed your name, age, gender, and date of birth. If any of the information is incorrect, use the space below to give the correct information.

Your Relationship to the Person in ①

In item ③ of form DV-100, has the person in ① correctly described your relationship with them?

☐ Yes ☐ No If no, what is your relationship with the person in ①?:

6 History of Court Cases and Restraining Orders (see item ④ on form DV-100)

The person in ① may have listed other court cases or restraining orders involving you. If information is incorrect or missing, use the space below to give information.

☐ Check here if you are including a copy of restraining order or court order that you want the judge to know about.

7 Other Protected People

If the judge grants a restraining order, it can include family or household members of the person in ①. See item ⑧ on form DV-100 to see if the person in ① is asking for other people to be protected by the restraining order.

- a. ☐ I agree to the order requested.
b. ☐ I do not agree to the order requested.

Explain why you disagree, or describe a different order that you would agree to: _____

8 Order to Not Abuse (see item ⑩ on form DV-100)

- a. ☐ I agree to the order requested.
b. ☐ I do not agree to the order requested.

Explain why you disagree, or describe a different order that you would agree to: _____

This is not a Court Order.

9 ☐ **No-Contact Order** (see item **11** on form DV-100)

- a. ☐ I agree to the order requested.
- b. ☐ I do not agree to the order requested.

Explain why you disagree, or describe a different order that you would agree to: _____

10 ☐ **Stay-Away Order** (see item **12** on form DV-100)

- a. ☐ I agree to the orders requested.
- b. ☐ I do not agree to the orders requested.

Explain why you disagree, or describe a different order that you would agree to: _____

11 ☐ **Order to Move Out** (see item **13** on form DV-100)

- a. ☐ I agree to the order requested.
- b. ☐ I do not agree to the order requested.

Explain why you disagree, or describe a different order that you would agree to: _____

12 ☐ **Other Orders** (see item **14** on form DV-100)

- a. ☐ I agree to the order requested.
- b. ☐ I do not agree to the order requested.

Explain why you disagree, or describe a different order that you would agree to: _____

13 ☐ **Child Custody and Visitation** (see item **15** on form DV-100 and DV-105)

- a. ☐ I am **not** the parent of the child listed in form DV-105, *Request for Child Custody and Visitation Orders*
- b. ☐ I am the parent of the children listed in form DV-105 and (check one):
- (1) ☐ I agree to the orders requested.
- (2) ☐ I do not agree to the orders requested. (Complete form DV-125, *Response to Request for Child Custody and Visitation Orders*, and attach it to this form.)

This is not a Court Order.

14 ☐ **Protect Animals** (see item **16** on form DV-100)

- a. ☐ I agree to the orders requested.
b. ☐ I do not agree to the orders requested.

Explain why you disagree, or describe a different order that you would agree to: _____

15 ☐ **Control of Property** (see item **17** on form DV-100)

- a. ☐ I agree to the order requested.
b. ☐ I do not agree to the order requested.

Explain why you disagree, or describe a different order that you would agree to: _____

16 ☐ **Health and Other Insurance** (see item **18** on form DV-100)

- a. ☐ I agree to the order requested.
b. ☐ I do not agree to the order requested.

Explain why you disagree, or describe a different order that you would agree to: _____

17 ☐ **Record Communications** (see item **19** on form DV-100)

- a. ☐ I agree to the order requested.
b. ☐ I do not agree to the order requested.

18 ☐ **Property Restraint** (see item **20** on form DV-100)

- a. ☐ I agree to the order requested.
b. ☐ I do not agree to the order requested.

Explain why you disagree, or describe a different order that you would agree to: _____

19 ☐ **Pay Debt (Bills) Owed for Property** (see item **22** on form DV-100)

- a. ☐ I agree to the orders requested.
b. ☐ I do not agree to the orders requested.

Explain why you disagree, or describe a different order that you would agree to: _____

This is not a Court Order.

20 ☐ **Pay Expenses Caused by the Abuse** (see item **23** on form DV-100)

- a. ☐ I agree to the order requested.
- b. ☐ I do not agree to the order requested.

Explain why you disagree, or describe a different order that you would agree to: _____

21 ☐ **Child Support** (see item **24** on form DV-100)

- a. ☐ I agree to the order requested.
- b. ☐ I do not agree to the order requested.
- c. ☐ I agree to pay guideline child support. (Learn more about guideline child support at selfhelp.courts.ca.gov/child-support.)

22 ☐ **Spousal Support** (see item **25** on form DV-100)

- a. ☐ I agree to the order requested.
- b. ☐ I do not agree to the order requested.

Explain why you disagree, or describe a different order that you would agree to: _____

23 ☐ **Lawyer's Fees and Costs**

If the person in **1** checked item **26** on form DV-100, this means that they have asked the judge to order you to pay their lawyer's fees and costs. You may also ask for lawyer's fees and costs. The judge can order the person in **1** to pay for your lawyer's fees and cost if:

- (1) The person in **1**'s request for restraining order is denied;
- (2) The judge decides that the request was frivolous or was made only to abuse, intimidate, or cause unneeded delay; and
- (3) The person in **1** can afford to pay for your lawyer's fees and costs.

☐ Check here if you want the person in **1** to pay for some or all of your lawyer's fees and costs.

24 ☐ **Batterer Intervention Program** (see item **27** on form DV-100)

- a. ☐ I agree to the order requested.
- b. ☐ I do not agree to the order requested.

Explain why you disagree, or describe a different order that you would agree to: _____

This is not a Court Order.

25 ☐ **Transfer Wireless Phone Account** (see item **28** on form DV-100)

- a. ☐ I agree to the order requested.
- b. ☐ I do not agree to the order requested.

Explain why you disagree, or describe a different order that you would agree to: _____

26 **Firearms (Guns), Firearm Parts, or Ammunition** (see item **29** on form DV-100)

! If you were served with form DV-110, *Temporary Restraining Order*, you must follow the orders in item 5 on form DV-110. You must file a receipt with the court from the law enforcement agency or a licensed gun dealer within 48 hours after you received form DV-110. You may use form DV-800/JV-270, Receipt for Firearms, Firearm Parts, and Ammunition.

(Check all that apply)

- a. ☐ I do not own or have any prohibited items (firearms (guns), prohibited firearm parts, or ammunition).
- b. ☐ I have turned in all prohibited items that I have or own to law enforcement or sold/stored them with a licensed gun dealer. A copy of the receipt showing that I turned in, sold, or stored the prohibited items (check all that apply):

☐ is attached

☐ has already been filed with the court.

- c. ☐ I ask for an exception to carry a firearm or ammunition for work. (Complete (1)–(3) below):

(1) Are you a sworn peace officer?

☐ No

☐ Yes

(2) Are there any orders or state or federal laws that prohibit you from having firearms or ammunition

☐ No

☐ Yes (explain): _____

☐ I don't know (explain): _____

(3) (Explain what your job is and why you need a firearm or ammunition):

Note: You **must** follow any orders to turn in, sell, or store prohibited items until the judge decides whether to grant you an exception. Before an exception can be granted, you will be required to show the judge that

(1) carrying a firearm or ammunition is required for your work and (2) your employer is unable to reassign you to another position where carrying a firearm or ammunition is not necessary. There are other things you will need to prove. For more information on what you need to show the judge to qualify for this exception, go to selfhelp.courts.ca.gov/respond-to-DV-restraining-order/obey-firearms-orders/exception, or see Family Code section 6389(h).

This is not a Court Order.

30 ☐ **My Out-of-Pocket Expenses**

If the request for restraining order is denied by the judge at the court hearing, I ask the judge to order the person in ① to pay my out-of-pocket expenses because the temporary restraining order was granted without enough supporting facts. The expenses are:

For: _____	Because: _____	Amount: \$ _____	
For: _____	Because: _____	Amount: \$ _____	
For: _____	Because: _____	Amount: \$ _____	

31 **Additional Pages**

Number of pages attached to this form, if any: _____

32 **Your signature**

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

Date: _____

Type or print your name

▶ _____
Sign your name

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

Date: _____

Lawyer's name

▶ _____
Lawyer's signature

Your Next Steps

- Turn in your completed form with the court.
- If the person in ① asked for child support, spousal support, or lawyer's fees, you must complete form FL-150 *Income and Expense Declaration*. If the person in ① is only asking for child support (item 24 on form DV-100), you may be eligible to fill out a simpler form, form FL-155. Read form DV-570 to see if you are eligible to fill out form FL-155. Before your court date, you must file form FL-150 or FL-155 with the court.
- Have someone else (not you) mail the person in ① a copy of your forms, and complete form DV-250, *Proof of Service by Mail*. File form DV-250 with the court. *(The person who mails the forms must be at least 18 years old and cannot be you or someone protected on the restraining order.)*
- Prepare for your court date by gathering evidence or witnesses, if you have any. Learn more at selfhelp.courts.ca.gov/respond-domestic-violence-restraining-order. More information is also available on form DV-120-INFO, *How Can I Respond to a Request for Domestic Violence Restraining Order?*

This is not a Court Order.

This form is attached to form DV-120.

How to complete this form: To answer the questions below, look at the form DV-105 filled out by the person in ①. Tip: Where form DV-105 refers to "person in ②," that means you. If you need more space to complete your answer, you can use a separate piece of paper and attach it to this form. Include a title at the top of the paper (example: DV-125, Custody of Children).

1 Person Asking for Protection (see ① on form DV-105)

- a. Name: _____
- b. Relationship to children: ☐ Parent ☐ Legal Guardian ☐ Other (describe): _____

2 Your Information

- a. Name: _____
- b. Relationship to children: ☐ Parent ☐ Legal Guardian ☐ Other (describe): _____

3 Children (see ③ on form DV-105)

- a. ☐ I am the parent of the child or children listed on form DV-105.
- b. ☐ I am **not** the parent of all the children listed on form DV-105.
- c. ☐ I am **not** the parent of the following children (list names):

- d. ☐ Other (describe): _____

4 City and State Where Children Lived (see ④ on form DV-105)

- a. ☐ I agree with the information given by the person in ①.
- b. ☐ I do not agree. (Use form DV-105(A) to list where the children have lived.)

5 History of Court Cases Involving Children (see ⑤ on form DV-105)

The person in ① may have listed other court cases involving your children. If information is incorrect or missing, use the space below to give information.

(Check all that apply. List where it was filed (city, state, or tribe), year it was filed, and case number, if known.)

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

(If a judge has already made a custody or visitation order for children in this case, attach a copy of the order if you have one.)

This is not a Court Order.

6 ☐ **No Travel With Children Without Permission** (see **6** on form DV-105)

- a. ☐ I agree to the order requested.
- b. ☐ I do not agree to the order requested because: _____
- c. ☐ I would agree to a different order (describe the order you would agree to): _____

7 ☐ **Stop Access to Children's School, Health, and Other Information** (see **7** on form DV-105)

- a. ☐ I agree to the order requested.
- b. ☐ I do not agree to the order requested because: _____
- c. ☐ I would agree to a different order (describe the order you would agree to): _____

8 ☐ **Request for Orders to Prevent Child Abduction** (see **4**–**10** on form DV-108)

- a. ☐ I agree to the order requested.
- b. ☐ I do not agree to the order requested because: _____
- c. ☐ I would agree to a different order (describe the order you would agree to): _____

9 ☐ **Custody of Children** (see **9** on form DV-105)

- a. ☐ I agree to the order requested.
- b. ☐ I do not agree to the order requested because: _____
- c. ☐ I would agree to a different order:

Legal Custody (The person that makes decisions about the child's health, education, and welfare.)
(check one):

- ☐ Sole to me
- ☐ Sole to person in **1**
- ☐ Jointly (shared) by persons in **1** and me.
- ☐ Other (describe): _____

Physical Custody (The person that the child regularly lives with.)
(check one):

- ☐ Sole to me
- ☐ Sole to person in **1**
- ☐ Jointly (shared) by persons in **1** and me.
- ☐ Other (describe): _____

This is not a Court Order.

Case Number:

10 ☐ **Your Visitation (Parenting Time) with Children** (see pages 3–5 on form DV-105)

- a. ☐ I agree to the order requested.
- b. ☐ I do not agree to the order requested because: _____
- c. ☐ I would agree to a different order:

(Use the lines or chart below to describe the parenting time you want. Give as much detail as you can.)

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

Follow the schedule listed above (check one):

☐ Every week ☐ Every other week ☐ Other _____

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

11 **The statements made on this form are made under penalty of perjury as declared on form DV-120.**

This is not a Court Order.

Clerk stamps date here when form is filed.

1 Person Asking For Protection:

Name: _____

2 Your Information (Restrained Person)

a. Your Name: _____

b. Your Address

(This address could be used by the court and by the person in **1** to send you official court dates, orders, and papers. For privacy, you may use another address like a post office box, or another person's address, if you have their permission and can get your mail regularly. If you have a lawyer, give their information.)

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Email Address: _____

c. Your Lawyer (if you have one for this case):

Name: _____ State Bar No.: _____

Firm Name: _____

Fill in court name and street address:

Superior Court of California, County of _____

Court fills in case number when form is filed.

Case Number: _____**3 To the Restrained Person:**

If a judge has ordered you to turn in, sell, or store your firearms (guns), firearm parts, and ammunition, use this form to prove to the judge that you have obeyed their orders. Take this form to a law enforcement officer or a licensed gun dealer to complete **4** or **5**. For more information on how to properly turn in your items, read form DV-800-INFO/JV-270-INFO, *How Do I Turn In, Sell, or Store My Firearms, Firearm Parts, and Ammunition?*

4**To Law Enforcement**(Complete the section below. Keep a copy and give the original to the person in **2**.)

Name of Law Enforcement Agency: _____

Name of Law Enforcement Agent: _____

Address: _____

Telephone number: _____ Email address: _____

Items Surrendered

a. Firearms, firearm parts, and ammunition transferred on:

Date: _____ Time: _____ ☐ a.m. ☐ p.m.b. List of items. (List all the items surrendered by the person in **2**. You may attach a separate form from your agency (e.g., a property report), use **6**, or both.) Check below if you have attached a separate form:☐ Separate form is attached. (If it does not include all surrendered items, list additional items in **6**.)

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

► Signature of law enforcement agent _____

Case Number: _____

5

To Licensed Gun Dealer

(Complete the section below. Keep a copy and give the original to the person in ②.)

Name of Licensed Gun Dealer: _____

License number: _____

Address: _____

Telephone number: _____ Email address: _____

Items Stored or Sold

a. Firearms, firearm parts, and ammunition transferred on:

Date: _____ Time: _____ ☐ a.m. ☐ p.m.

b. List of items. (List all the items surrendered by the person in ②. You may attach a separate form (e.g., DOJ's Report of Firearm Acquisition), use ⑥, or both.) Check below if you have attached a separate form:

☐ Separate form is attached. (If it does not include all surrendered items, list additional items in ⑥.)

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

► Signature of licensed gun dealer _____

6

☐ List of Items Surrendered

a. Firearms and firearm parts

	Make	Model	Serial Number, if there is one	Sold	Stored	To be destroyed
(1)	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2)	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3)	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(4)	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(5)	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(6)	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

b. Ammunition

	Brand	Type	Amount	Sold	Stored	To be destroyed
(1)	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2)	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3)	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(4)	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(5)	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(6)	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Check here if there is not enough space above for your answer. Use a separate sheet of paper to list other items and attach it to this form. Use "DV-800/JV-270, List of Surrendered Items" as a title.



Case Number:

7 To the Restrained Person:

Besides the items listed on page 2 or in an attached form, do you have or own any other firearms (guns), firearm parts, or ammunition?

☐ No

☐ Yes *(If yes, check one of the boxes below:)*

- a. ☐ I filed a *Receipt for Firearms, Firearm Parts, and Ammunition* (form DV-800/JV-270) or other proof for those items with the court on *(date)*: _____
- b. ☐ I am filing the proof for those firearms (guns), firearm parts, or ammunition along with this proof.
- c. ☐ I have not yet filed the proof for the other firearms (guns), firearm parts, or ammunition. *(Explain why not):*

Your signature

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

Date: _____

Type or print your name



Sign your name

Your Next Steps

- After the form is complete, make two additional copies. Take the copies and original to the court clerk to file.
- If law enforcement served you with the restraining order, give a copy to the law enforcement agency that served you with the restraining order.
- Keep a copy for yourself.

Note that failure to file a receipt with the court and with the law enforcement agency is a violation of the judge's order.

PARTY WITHOUT ATTORNEY OR ATTORNEY STATE BAR NUMBER: NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (name):	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER: RESPONDENT: OTHER PARTY/PARENT/CLAIMANT:	
INCOME AND EXPENSE DECLARATION	CASE NUMBER:

1. Employment (Give information on your current job or, if you're unemployed, your most recent job.)

Attach copies of your pay stubs for last two months (black out Social Security numbers).	a. Employer: b. Employer's address: c. Employer's phone number: d. Occupation: e. Date job started: f. If unemployed, date job ended: g. I work about _____ hours per week. h. I get paid \$ _____ gross (before taxes) <input type="checkbox"/> per month <input type="checkbox"/> per week <input type="checkbox"/> per hour.
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(If you have more than one job, attach an 8 1/2-by-11-inch sheet of paper and list the same information as above for your other jobs. Write "Question 1—Other Jobs" at the top.)

2. Age and education

- a. My age is (specify): _____
- b. I have completed high school or the equivalent: ☐ Yes ☐ No If no, highest grade completed (specify): _____
- c. Number of years of college completed (specify): _____ ☐ Degree(s) obtained (specify): _____
- d. Number of years of graduate school completed (specify): _____ ☐ Degree(s) obtained (specify): _____
- e. I have: ☐ professional/occupational license(s) (specify): _____
☐ vocational training (specify): _____

3. Tax information

- a. ☐ I last filed taxes for tax year (specify year): _____
- b. My tax filing status is ☐ single ☐ head of household ☐ married, filing separately
☐ married, filing jointly with (specify name): _____
- c. I file state tax returns in ☐ California ☐ other (specify state): _____
- d. I claim the following number of exemptions (including myself) on my taxes (specify): _____

4. Other party's income. I estimate the gross monthly income (before taxes) of the other party in this case at (specify): \$ _____
 This estimate is based on (explain): _____

(If you need more space to answer any questions on this form, attach an 8 1/2-by-11-inch sheet of paper and write the question number before your answer.) Number of pages attached: _____

I declare under penalty of perjury under the laws of the State of California that the information contained on all pages of this form and any attachments is true and correct.

Date: _____

(TYPE OR PRINT NAME)	(SIGNATURE OF DECLARANT)
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PETITIONER: RESPONDENT: OTHER PARTY/PARENT/CLAIMANT:	CASE NUMBER:
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Attach copies of your pay stubs for the last two months and proof of any other income. Take a copy of your latest federal tax return to the court hearing. (Black out your Social Security number on the pay stub and tax return.)

5. **Income** (For average monthly, add up all the income you received in each category in the last 12 months and divide the total by 12.)

	Last month	Average monthly
a. Salary or wages (gross, before taxes)	\$
b. Overtime (gross, before taxes)	\$
c. Commissions or bonuses	\$
d. Public assistance (for example: TANF, SSI, GA/GR) <input type="checkbox"/> currently receiving	\$
e. Spousal support <input type="checkbox"/> from this marriage <input type="checkbox"/> from a different marriage <input type="checkbox"/> federally taxable*	\$
f. Partner support <input type="checkbox"/> from this domestic partnership <input type="checkbox"/> from a different domestic partnership	\$
g. Pension/retirement fund payments	\$
h. Social Security retirement (not SSI)	\$
i. Disability: <input type="checkbox"/> Social Security (not SSI) <input type="checkbox"/> State disability (SDI) <input type="checkbox"/> Private insurance	\$
j. Unemployment compensation	\$
k. Workers' compensation	\$
l. Other (military allowances, royalty payments) (specify):	\$

6. **Investment income** (Attach a schedule showing gross receipts less cash expenses for each piece of property.)

a. Dividends/interest	\$
b. Rental property income	\$
c. Trust income	\$
d. Other (specify):	\$

7. **Income from self-employment, after business expenses for all businesses**

I am the ☐ owner/sole proprietor ☐ business partner ☐ other (specify):

Number of years in this business (specify):

Name of business (specify):

Type of business (specify):

Attach a profit and loss statement for the last two years or a Schedule C from your last federal tax return. Black out your Social Security number. If you have more than one business, provide the information above for each of your businesses.

8. ☐ **Additional income.** I received one-time money (lottery winnings, inheritance, etc.) in the last 12 months (specify source and amount):

9. ☐ **Change in income.** My financial situation has changed significantly over the last 12 months because (specify):

10. **Deductions**

	Last month
a. Required union dues	\$
b. Required retirement payments (not Social Security, FICA, 401(k), or IRA)	\$
c. Medical, hospital, dental, and other health insurance premiums (total monthly amount)	\$
d. Child support that I pay for children from other relationships	\$
e. Spousal support that I pay by court order from a different marriage <input type="checkbox"/> federally tax deductible*	\$
f. Partner support that I pay by court order from a different domestic partnership	\$
g. Necessary job-related expenses not reimbursed by my employer (attach explanation labeled "Question 10g")	\$

11. **Assets**

	Total
a. Cash and checking accounts, savings, credit union, money market, and other deposit accounts	\$
b. Stocks, bonds, and other assets I could easily sell	\$
c. All other property, <input type="checkbox"/> real and <input type="checkbox"/> personal (estimate fair market value minus the debts you owe)	\$

* Check the box if the spousal support order or judgment was executed by the parties and the court before January 1, 2019, or if a court-ordered change maintains the spousal support payments as taxable income to the recipient and tax deductible to the payor.

PETITIONER: RESPONDENT: OTHER PARTY/PARENT/CLAIMANT:	CASE NUMBER:
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12. **The following people live with me:**

Name	Age	How the person is related to me (ex: son)	That person's gross monthly income	Pays some of the household expenses?	
a.				<input type="checkbox"/> Yes	<input type="checkbox"/> No
b.				<input type="checkbox"/> Yes	<input type="checkbox"/> No
c.				<input type="checkbox"/> Yes	<input type="checkbox"/> No
d.				<input type="checkbox"/> Yes	<input type="checkbox"/> No
e.				<input type="checkbox"/> Yes	<input type="checkbox"/> No

13. **Average monthly expenses** ☐ Estimated expenses ☐ Actual expenses ☐ Proposed needs

- a. Home:
- (1) ☐ Rent or ☐ mortgage \$ _____
- If mortgage:
- (a) average principal: \$ _____
- (b) average interest: \$ _____
- (2) Real property taxes \$ _____
- (3) Homeowner's or renter's insurance \$ _____
- (if not included above) \$ _____
- (4) Maintenance and repair \$ _____
- b. Health-care costs not paid by insurance \$ _____
- c. Child care \$ _____
- d. Groceries and household supplies \$ _____
- e. Eating out \$ _____
- f. Utilities (gas, electric, water, trash) \$ _____
- g. Telephone, cell phone, and e-mail \$ _____
- h. Laundry and cleaning \$ _____
- i. Clothes \$ _____
- j. Education \$ _____
- k. Entertainment, gifts, and vacation \$ _____
- l. Auto expenses and transportation (insurance, gas, repairs, bus, etc.) \$ _____
- m. Insurance (life, accident, etc.; do not include auto, home, or health insurance) \$ _____
- n. Savings and investments \$ _____
- o. Charitable contributions \$ _____
- p. Monthly payments listed in item 14 (itemize below in 14 and insert total here) \$ _____
- q. Other (specify): \$ _____
- r. **TOTAL EXPENSES (a-q)** (do not add in the amounts in a(1)(a) and (b)) \$ _____
- s. Amount of expenses paid by others \$ _____

14. **Installment payments and debts not listed above**

Paid to	For	Amount	Balance	Date of last payment
		\$ _____	\$ _____	
		\$ _____	\$ _____	
		\$ _____	\$ _____	
		\$ _____	\$ _____	
		\$ _____	\$ _____	
		\$ _____	\$ _____	

15. **Attorney fees** (This information is required if either party is requesting attorney fees.):

- a. To date, I have paid my attorney this amount for fees and costs (specify): \$ _____
- b. The source of this money was (specify): _____
- c. I still owe the following fees and costs to my attorney (specify total owed): \$ _____
- d. My attorney's hourly rate is (specify): _____

I confirm this fee arrangement.

Date: _____

(TYPE OR PRINT NAME OF ATTORNEY)

(SIGNATURE OF ATTORNEY)

PETITIONER: RESPONDENT: OTHER PARTY/PARENT/CLAIMANT:	CASE NUMBER:
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CHILD SUPPORT INFORMATION

(NOTE: Fill out this page only if your case involves child support.)

16. Number of children

- a. I have *(specify number)*: _____ children under the age of 18 with the other parent in this case.
- b. The children spend _____ percent of their time with me and _____ percent of their time with the other parent.
(If you're not sure about percentage or it has not been agreed on, please describe your parenting schedule here.)

17. Children's health-care expenses

- a. ☐ I do ☐ I do not have health insurance available to me for the children through my job.
- b. Name of insurance company: _____
- c. Address of insurance company: _____
- d. The monthly cost for the **children's** health insurance is or would be *(specify)*: \$ _____
(Do not include the amount your employer pays.)

18. Additional expenses for the children in this case

- | | Amount per month |
|---|------------------|
| a. Child care so I can work or get job training | \$ _____ |
| b. Children's health care not covered by insurance | \$ _____ |
| c. Travel expenses for visitation | \$ _____ |
| d. Children's educational or other special needs <i>(specify below)</i> : | \$ _____ |

19. Special hardships. I ask the court to consider the following special financial circumstances

(attach documentation of any item listed here, including court orders):

- | | Amount per month | For how many months? |
|--|------------------|----------------------|
| a. Extraordinary health expenses not included in 18b | \$ _____ | _____ |
| b. Major losses not covered by insurance <i>(examples: fire, theft, other insured loss)</i> | \$ _____ | _____ |
| c. (1) Expenses for my minor children who are from other relationships and are living with me | \$ _____ | _____ |
| (2) Names and ages of those children <i>(specify)</i>: _____ | | |

(3) Child support I receive for those children\$ _____

The expenses listed in a, b and c create an extreme financial hardship because *(explain)*:

20. Other information I want the court to know concerning support in my case *(specify)*:

DV-250 Proof of Service by Mail

Clerk stamps date here when form is filed.

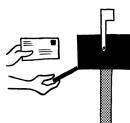
1 **Name of Person Asking for Protection:**

2 **Name of Person to Be Restrained:**

3 **Notice to Server**

The server must:

- Be 18 years of age or over.
- Not be listed in items ①, ② or ③ of form DV-100, *Request for Domestic Violence Restraining Order*.
- Mail a copy of all documents checked in ④ to the person in ⑤.



4 **I (the server) am 18 years of age or over and live in or am employed in the county where the mailing took place. I mailed a copy of all documents checked below to the person in ⑤:**

- a. ☐ DV-112, *Waiver of Hearing on Denied Request for Temporary Restraining Order*
- b. ☐ DV-120, *Response to Request for Domestic Violence Restraining Order*
- c. ☐ FL-150, *Income and Expense Declaration*
- d. ☐ FL-155, *Simplified Financial Statement*
- e. ☐ DV-130, *Restraining Order After Hearing (Order of Protection)*
- f. ☐ Other (specify): _____

5 **I placed copies of the documents checked above in a sealed envelope and mailed them as described below:**

- a. Name of person served: _____
- b. To this address: _____
City: _____ State: _____ Zip: _____
- c. Mailed on (date): _____
- d. Mailed from (city): _____ (state): _____

6 **Server's Information**

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____

If you are a registered process server:

County of registration: _____ Registration number: _____

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

Date: _____

Type or print server's name

Server to sign here