

# JUDICIAL COUNCIL OF CALIFORNIA

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## INVITATION TO COMMENT SPR17-24

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|---|--|
| Title   | Action Requested   |
| Protective Orders: Requests for Immediate Orders        | Review and submit comments by April 28, 2017   |
| Proposed Rules, Forms, Standards, or Statutes           | Proposed Effective Date  |
| Revise forms CH-100, EA-100, GV-100, SV-100, and WV-100 | January 1, 2018  |
| Proposed by   | Contact  |
| Civil and Small Claims Advisory Committee               | Jenny Wald, 415-865-8713<br><a href="mailto:jenny.wald@jud.ca.gov">jenny.wald@jud.ca.gov</a>             |
| Hon. Raymond M. Cadei, Chair                            | Bruce Greenlee, 415-865-7698<br><a href="mailto:bruce.greenlee@jud.ca.gov">bruce.greenlee@jud.ca.gov</a> |

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### Executive Summary and Origin

The Civil and Small Claims Advisory Committee proposes revisions to all protective order forms to allow parties requesting temporary restraining orders to indicate if the request is being made “with notice.”

### Background

The statutes governing the various protective order proceedings provide that a temporary restraining order may be issued with or without notice. (See, e.g., Code Civ. Proc., §§ 527(c), 527.6(d).) For example, item 11 on form CH-100, *Request for Civil Harassment Restraining Orders*, is currently drafted in a way that may be confusing: it asks petitioners to check a box to respond either “Yes” or “No” as to whether they are requesting that “Immediate Orders” be made *without* notice.<sup>1</sup> However, nowhere on the form can the petitioner affirmatively request “Immediate Orders” *with* notice. (*Ibid.*) Form EA-100, item 15, has the identical issue.<sup>2</sup> Likewise, forms SV-100 and WV-100, items 12, also ask the petitioner to check a box “Yes” or “No” if requesting “Immediate Orders Without Notice.”<sup>3</sup> Similarly, form GV-100, item 9, asks

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<sup>1</sup>The current form CH-100 can be viewed at [www.courts.ca.gov/documents/ch100.pdf](http://www.courts.ca.gov/documents/ch100.pdf).

<sup>2</sup>The form EA-100 can be viewed at [www.courts.ca.gov/documents/ea100.pdf](http://www.courts.ca.gov/documents/ea100.pdf).

<sup>3</sup>Forms SV-100 and WV-100 can be viewed at [www.courts.ca.gov/documents/sv100.pdf](http://www.courts.ca.gov/documents/sv100.pdf) and [www.courts.ca.gov/documents/wv100.pdf](http://www.courts.ca.gov/documents/wv100.pdf).

*The proposals have not been approved by the Judicial Council and are not intended to represent the views of the council, its Rules and Projects Committee, or its Policy Coordination and Liaison Committee. These proposals are circulated for comment purposes only.*

the petitioner to check a box “Yes” or “No” answering whether he or she is requesting an “Immediate Temporary Order” without notice.

A proposed minor revision to the language of this item has also been made, so all -100 numbered forms use the word *Temporary* instead of *Immediate*. The reason for using the word *Immediate* in the first place, instead of *Temporary* or *Ex Parte*, was to address concerns about plain language. In reviewing these forms, the committee has reconsidered the language and noted that domestic violence forms use the term *temporary orders*. *Temporary orders* is also the term used in the statutes governing civil harassment, elder abuse, school violence, and work violence cases. (See, e.g., Code Civ. Proc., § 527.6(b)(6).)

### **The Proposal**

- Revise forms CH-100, item 11; EA-100, item 15; GV-100, item 9; SV-100, item 12; and WV-100, item 12, so the petitioner may indicate affirmatively if he or she is requesting a temporary order “with notice”; and
- Revise “Immediate Orders” on the CH and EA forms; “Request for Immediate Orders Without Notice” on the SV and WV forms; and “Request for Immediate Temporary Order” on the GV form, to read “Temporary Restraining Order.”

### **Alternatives Considered**

The committee considered not taking any action but decided to revise the forms as proposed.

### **Implementation Requirements, Costs, and Operational Impacts**

Self-help centers and clerks may need training to recognize and understand the revised forms. The hope is that, once initial training is completed, the revised forms will be helpful for parties and clerks and ultimately benefit the courts. Should the forms be issued as part of electronic case management systems, the electronic forms will need to be revised within those systems.

## **Request for Specific Comments**

In addition to comments on the proposal as a whole, the advisory committee is interested in comments on the following:

- Does the proposal appropriately address the stated purpose?

The advisory committee also seeks comments from *courts* on the following cost and implementation matters:

- Would the proposal provide cost savings? If so please quantify.
- What would the implementation requirements be for courts?

### **Attachments**

1. Proposed forms CH-100, EA-100, GV-100, SV-100, WV-100, at pages 3–XX

Clerk stamps date here when form is filed.

**DRAFT**  
**Not approved by the**  
**Judicial Council**  
**02.07.2017**

Read *Can a Civil Harassment Restraining Order Help Me?* (form CH-100-INFO) before completing this form. Also fill out *Confidential CLETS Information* (form CLETS-001) with as much information as you know.

**1 Person Seeking Protection**

a. Your Full Name: \_\_\_\_\_ Age: \_\_\_\_\_

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 e-mail.):

Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_

Fill in court name and street address:

**Superior Court of California, County of**

Court fills in case number when form is filed.

**Case Number:**

**2 Person From Whom Protection Is Sought**

Full Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address (if known): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**3 Additional Protected Persons**

a. Are you asking for protection for any other family or household members?  Yes  No *If yes, list them:*

| Full Name | Sex   | Age   | Lives with you?  | How are they related to you? |
|-----------|-------|-------|--|------------------------------|
| _____     | _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____                        |
| _____     | _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____                        |
| _____     | _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____                        |
| _____     | _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____                        |

Check here if there are more persons. Attach a sheet of paper and write "Attachment 3a—Additional Protected Persons" for a title. You may use form MC-025, Attachment.

b. Why do these people need protection? (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 3b—Why Others Need Protection" for a title.

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

**This is not a Court Order.**



**4 Relationship of Parties**

How do you know the person in (2)? (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 4—Relationship of Parties" for a title.

**5 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): \_\_\_\_\_

**6 Other Court Cases**

a. Have you or any of the persons named in (3) been involved in another court case with the person in (2)?

- Yes  No *If yes, check each kind of case and indicate where and when each was filed:*

|      | <u>Kind of Case</u>  | <u>Filed in (County/State)</u> | <u>Year Filed</u> | <u>Case Number (if known)</u> |
|------|--|--------------------------------|-------------------|-------------------------------|
| (1)  | <input type="checkbox"/> Civil Harassment                    | _____                          | _____             | _____                         |
| (2)  | <input type="checkbox"/> Domestic Violence                   | _____                          | _____             | _____                         |
| (3)  | <input type="checkbox"/> Divorce, Nullity, Legal Separation  | _____                          | _____             | _____                         |
| (4)  | <input type="checkbox"/> Paternity, Parentage, Child Custody | _____                          | _____             | _____                         |
| (5)  | <input type="checkbox"/> Elder or Dependent Adult Abuse      | _____                          | _____             | _____                         |
| (6)  | <input type="checkbox"/> Eviction                            | _____                          | _____             | _____                         |
| (7)  | <input type="checkbox"/> Guardianship                        | _____                          | _____             | _____                         |
| (8)  | <input type="checkbox"/> Workplace Violence                  | _____                          | _____             | _____                         |
| (9)  | <input type="checkbox"/> Small Claims                        | _____                          | _____             | _____                         |
| (10) | <input type="checkbox"/> Criminal                            | _____                          | _____             | _____                         |
| (11) | <input type="checkbox"/> Other (specify): _____              | _____                          | _____             | _____                         |

b. Are there now any protective or restraining orders in effect relating to you or any of the persons in (3) and the person in (2)?  No  Yes *If yes, attach a copy if you have one.*

**7 Description of Harassment**

Harassment means violence or threats of violence against you, or a course of conduct that seriously alarmed, annoyed, or harassed you and caused you substantial emotional distress. A course of conduct is more than one act.

a. Tell the court about the last time the person in (2) harassed you.

- (1) When did it happen? (provide date or estimated date): \_\_\_\_\_
- (2) Who else was there? \_\_\_\_\_

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

**This is not a Court Order.**



7 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.

Horizontal lines for writing the answer to question 7a(3).

(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.

Horizontal lines for writing the answer to question 4.

(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.

Horizontal lines for writing the answer to question 5.

(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.

b. Has the person in 2 harassed you at other times?

Yes No (If yes, describe prior incidents and provide dates of harassment 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 7b—Previous Harassment" for a title.

Horizontal lines for writing the answer to question 7b.

This is not a Court Order.



**Check the orders you want.**

**8  Personal Conduct Orders**

I ask the court to order the person in **(2)** **not** to do any of the following things to me or to any person to be protected listed in **(3)**:

- a.  Harass, intimidate, molest, attack, strike, stalk, threaten, assault (sexually or otherwise), hit, abuse, destroy personal property of, or disturb the peace of the person.
- b.  Contact the person, either directly or indirectly, in **any** way, including, but not limited to, in person, by telephone, in writing, by public or private mail, by interoffice mail, by e-mail, by text message, by fax, or by other electronic means.
- c.  Other (*specify*):
  - 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 8c—Other Personal Conduct Orders," for a title.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*The person in **(2)** will be ordered not to take any action to get the addresses or locations of any protected person unless the court finds good cause not to make the order.*

**9  Stay-Away Orders**

a. I ask the court to order the person in **(2)** to stay at least \_\_\_\_\_ yards away from (*check all that apply*):

- |   |  |
|---|--|
| (1) <input type="checkbox"/> Me.                                      | (8) <input type="checkbox"/> My vehicle.               |
| (2) <input type="checkbox"/> The other persons listed in <b>(3)</b> . | (9) <input type="checkbox"/> Other ( <i>specify</i> ): |
| (3) <input type="checkbox"/> My home.                                 | _____  |
| (4) <input type="checkbox"/> My job or workplace.                     | _____  |
| (5) <input type="checkbox"/> My school.                               | _____  |
| (6) <input type="checkbox"/> My children's school.                    | _____  |
| (7) <input type="checkbox"/> My children's place of child care.       | _____  |

b. If the court orders the person in **(2)** to stay away from all the places listed above, will he or she still be able to get to his or her home, school, or job?  Yes  No (*If no, 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 9b—Stay-Away Orders," for a title.

\_\_\_\_\_

\_\_\_\_\_

**10  Guns or Other Firearms and Ammunition**

Does the person in **(2)** own or possess any guns or other firearms?  Yes  No  I don't know

*If the judge grants a protective order, the person in **(2)** will be prohibited from owning, possessing, purchasing, receiving, or attempting to purchase or receive a gun, other firearm, and ammunition while the protective order is in effect. The person in **(2)** will also be ordered to turn in to law enforcement, or sell to or store with a licensed gun dealer, any guns or firearms within his or her immediate possession or control.*

**This is not a Court Order.**



**11**  **Temporary Restraining Order**

I request that a Temporary Restraining Order (TRO) be issued against the person in **(2)**. I am presenting form CH-110, *Temporary Restraining Order*, for the court's signature together with this *Request*.

Do you want the court to issue the Temporary Restraining Order without notice to the person in **(2)**?

Yes  No (If you answered yes, explain why 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 11—Temporary Restraining Order" for a title.

**12**  **Request to Give Less Than Five Days' Notice**

You must have your papers personally served on the person in **(2)** at least five days before the hearing, unless the court orders a shorter time for service. (Form CH-200-INFO explains What Is "Proof of Personal Service"? Form CH-200, Proof of Personal Service, may be used to show the court that the papers have been served.)

If you want there to be fewer than five days between service and the hearing, explain why 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 12—Request to Give Less Than Five Days' Notice" for a title.

**13**  **No Fee for Filing or Service**

- a.  There should be no filing fee because the person in **(2)** has used or threatened to use violence against me, has stalked me, or has acted or spoken in some other way that makes me reasonably fear violence.
- b.  The sheriff or marshal should serve (notify) the person in **(2)** about the orders for free because my request for orders is based on unlawful violence, a credible threat of violence, or stalking.
- c.  There should be no filing fee and the sheriff or marshal should serve the person in **(2)** for free because I am entitled to a fee waiver. (You must complete and file form FW-001, Application for Waiver of Court Fees and Costs.)

**14**  **Lawyer's Fees and Costs**

I ask the court to order payment of my  lawyer's fees  Court costs.

The amounts requested are:

| <u>Item</u> | <u>Amount</u> | <u>Item</u> | <u>Amount</u> |
|-------------|---------------|-------------|---------------|
| _____       | \$ _____      | _____       | \$ _____      |
| _____       | \$ _____      | _____       | \$ _____      |
| _____       | \$ _____      | _____       | \$ _____      |

Check here if there are more items. Put the items and amounts on the attached sheet of paper or form MC-025 and write "Attachment 14—Lawyer's Fees and Costs" for a title.

**This is not a Court Order.**



15  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 good cause for granting order):*

- 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 15a—Possession of Animals" for a title.

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

- b.  That the person in ② must stay at least \_\_\_\_\_ yards away from, and not take, sell, transfer, encumber, conceal, molest, attack, strike, threaten, harm, or otherwise dispose of, the animals listed above.

16  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. Put your complete answer on the attached sheet of paper or form MC-025 and write "Attachment 16—Additional Orders Requested," for a title.

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

17 Number of pages attached to this form, if any: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
*Lawyer's name (if any)*

\_\_\_\_\_  
*Lawyer's signature*

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

Date: \_\_\_\_\_

\_\_\_\_\_  
*Type or print your name*

\_\_\_\_\_  
*Sign your name*

**This is not a Court Order.**

Clerk stamps date here when form is filed.

Read *Can an Elder or Dependent Adult Abuse Restraining Order Help Me?* (form EA-100-INFO) before completing this form. Also fill out *Confidential CLETS Information* (form CLETS-001), with as much information as you know.

**DRAFT**  
**Not approved by the**  
**Judicial Council**  
**02.07.2017**

**1 Elder or Dependent Adult in Need of Protection**

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

Sex:  M  F Age: \_\_\_\_\_**2 Person From Whom Protection Is Sought**

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

Address (if known): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Fill in court name and street address:

**Superior Court of California, County of****3 Person Requesting Order**

Who is asking the court for protection? (Check a, b, or c):

a.  The elder or dependent adult named in ①.b.  Name: \_\_\_\_\_  
 conservator of the  person  estate  person and estate  
 of the person named in ①, appointed by (name of court): \_\_\_\_\_

Case No.: \_\_\_\_\_

c.  Other (name) \_\_\_\_\_

(Show this person's legal authority to make this request on an attached sheet of paper. Write "Attachment 3c—Information About Person Requesting Protective Order" for a title. You may use form MC-025, Attachment.)

Court fills in case number when form is filed.

**Case Number:****4 Contact Information**

Contact information for the person asking the court for protection:

a. 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. The person in ① does not have to give telephone, fax, or e-mail.):

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

E-Mail Address: \_\_\_\_\_

**This is not a Court Order.**

**5 Description of Protected Person**

The person named in **1** (check a or b):

- a.  Is age 65 or older and a resident of California.
- b.  Is a resident of California and an adult under age 65. This person has physical or mental limitations that restrict his or her ability to carry out normal activities or to protect his or her rights. (Briefly describe limitations on the attached sheet of paper or form MC-025. Write "Attachment 5b—Description of Protected Person" for a title.)

**6 Additional Protected Persons**

a. Are you asking for protection for any other family or household members or for the conservator of the elder or dependent adult listed in **1**?  Yes  No (If yes, list them):

| <u>Full Name</u> | <u>Sex</u> | <u>Age</u> | <u>Lives with you?</u>                                   | <u>How are they related to you?</u> |
|------------------|------------|------------|--|-------------------------------------|
| _____            | _____      | _____      | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____                               |
| _____            | _____      | _____      | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____                               |
| _____            | _____      | _____      | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____                               |
| _____            | _____      | _____      | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____                               |

Check here if there are more persons. Attach a sheet of paper and write "Attachment 6a—Additional Protected Persons" for a title. You may use form MC-025, Attachment.

b. Why do these people need protection? (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 6b—Why Others Need Protection" for a title.

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

**7 Relationship of Parties**

How does the person in **1** know the person in **2**? (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 7—Relationship of Parties" for a title.

\_\_\_\_\_

**8 Venue**

Why are you filing in this county? (Check all that apply):

- a.  The person in **2** lives in this county.
- b.  The person in **1** was abused by the person in **2** in this county.
- c.  Other (specify): \_\_\_\_\_

**This is not a Court Order.**



**9 Other Court Cases**

a. Has the person in ① or any of the persons named in ⑥ been involved in another court case with the person in ②?  No  Yes (If yes, specify the kind of each case and indicate where and when each was filed):

|      | <u>Kind of Case</u>  | <u>Filed in (County/State)</u> | <u>Year Filed</u> | <u>Case Number (if known)</u> |
|------|--|--------------------------------|-------------------|-------------------------------|
| (1)  | <input type="checkbox"/> Elder or Dependent Adult Abuse      | _____                          | _____             | _____                         |
| (2)  | <input type="checkbox"/> Civil Harassment                    | _____                          | _____             | _____                         |
| (3)  | <input type="checkbox"/> Domestic Violence                   | _____                          | _____             | _____                         |
| (4)  | <input type="checkbox"/> Divorce, Nullity, Legal Separation  | _____                          | _____             | _____                         |
| (5)  | <input type="checkbox"/> Paternity, Parentage, Child Custody | _____                          | _____             | _____                         |
| (6)  | <input type="checkbox"/> Eviction                            | _____                          | _____             | _____                         |
| (7)  | <input type="checkbox"/> Guardianship                        | _____                          | _____             | _____                         |
| (8)  | <input type="checkbox"/> Workplace Violence                  | _____                          | _____             | _____                         |
| (9)  | <input type="checkbox"/> Small Claims                        | _____                          | _____             | _____                         |
| (10) | <input type="checkbox"/> Criminal                            | _____                          | _____             | _____                         |
| (11) | <input type="checkbox"/> Other (specify): _____              | _____                          | _____             | _____                         |

b. Are there now any protective or restraining orders in effect relating to the person in ① or any of the persons named in ⑥ and the person in ②?  No  Yes (If yes, attach a copy if you have one.)

**10 Description of Abuse**

a. Abuse means either:

- (1) Physical abuse, neglect, financial abuse, abandonment, isolation, abduction, or other treatment with resulting physical harm or pain or mental suffering; or
- (2) The withholding by a caretaker of goods or services that are necessary to avoid physical harm or mental suffering.

b. Tell the court about the last time the person in ② abused the person in ①.

(1) When did it happen? (Provide date or estimated date): \_\_\_\_\_

(2) Who else was there?  
 \_\_\_\_\_  
 \_\_\_\_\_

(3) Describe what happened 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 10b(3)—Describe Abuse" for a title.

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

(4) Was the abuse **solely financial abuse** unaccompanied by force, threat, harassment, intimidation, or any other form of abuse?

Yes, only financial abuse.  No, the abuse included other forms of abuse described above.

**This is not a Court Order.**



10 b. (5) 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 10b(5)—Use of Weapons" for a title.

Blank lines for answer to question 10b(5)

(6) Was the person in 1 harmed or injured as a result of the acts of abuse described above?

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 10b(6)—Harm or Injury" for a title.

Blank lines for answer to question 10b(6)

(7) Did the police come? Yes No

If yes, did they give the person in 1 or the person in 2 an Emergency Protective Order? Yes No

If yes, the order protects (check all that apply):

the person in 1 the person in 2 the persons in 6.

(Attach a copy of the order if you have one.)

c. Is the person in 2 a care custodian who deprived the person in 1 of (kept from him or her, did not allow him or her to have or receive, or did not provide him or her with) goods or services that the person needed to avoid physical harm or mental suffering?

Yes No (If yes, describe below what the person was deprived of and how that affected him or her):

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 10c—Deprivation by Care Custodian" for a title.

Blank lines for answer to question 10c

d. Has the person in 2 abused the person in 1 at other times?

Yes No (If yes, describe prior incidents and provide dates 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 10d—Previous Abuse" for a title.

Blank lines for answer to question 10d

This is not a Court Order.



**Check the orders you want.**

**11  Personal Conduct Orders**

I ask the court to order the person in **2** **not** to do any of the following things to the person in **1** or to any person to be protected listed in **6**:

- a.  Physically abuse, financially abuse, intimidate, molest, attack, strike, stalk, threaten, assault (sexually or otherwise), hit, harass, destroy the personal property of, or disturb the peace of the person.
- b.  Contact the person, either directly or indirectly, in **any** way, including, but not limited to, in person, by telephone, in writing, by public or private mail, by interoffice mail, by e-mail, by text message, by fax, or by other electronic means.
- c.  Other (*specify*):
  - 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 11c—Other Personal Conduct Orders," for a title.*

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*The person in **2** will be ordered not to take any action to get the addresses or locations of any protected person unless the court finds good cause not to make the order.*

**12  Stay-Away Orders**

a. I ask the court to order the person in **2** to stay at least \_\_\_\_\_ yards away from (*check all that apply*):

- (1)  The elder or dependent adult in **1**.
- (2)  The persons in **6**.
- (3)  The home of the elder or dependent adult.
- (4)  The job or workplace of the elder or dependent adult.
- (5)  The vehicle of the elder or dependent adult.
- (6)  Other (*specify*): \_\_\_\_\_

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b. If the court orders the person in **2** to stay away from all the places listed above, will he or she still be able to get to his or her home, school, or job?  Yes  No (*If no, 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 12b—Stay-Away Orders," for a title.*

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**This is not a Court Order.**



**13**  **Move-Out Order**

I ask the court to order the person in **(2)** to move out from and not return to the residence at *(address)*:

The person in **(1)** will suffer physical or emotional harm if the person in **(2)** does not leave the residence. The person in **(2)** is not named in the title or lease of the residence, either alone or with others beside the person in **(1)**.

I ask for this move-out order right away to last until the hearing, because:

- a. The person in **(2)** assaulted or threatened the person in **(1)** ; and
- b. The person in **(1)** has the right to live at the above residence. *(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 13b—My Right to Residence," for a title.*

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**14**  **Guns or Other Firearms and Ammunition**

Does the person in **(2)** own or possess any guns or other firearms?     Yes    No    I don't know

*Unless the abuse is only financial, if the judge grants a protective order, the person in **(2)** will be prohibited from owning, possessing, purchasing, receiving, or attempting to purchase or receive a gun, other firearm, and ammunition while the protective order is in effect. The person in **(2)** will also be ordered to turn in to law enforcement, or sell to or store with a gun dealer, any guns or firearms within his or her immediate possession or control.*

**15**  **Temporary Restraining Order**

I request that a Temporary Restraining Order (TRO) be issued against the person in **(2)**. I am presenting form EA-110, *Temporary Restraining Order*, for the court's signature together with this *Request*.

Do you want the court to issue the Temporary Restraining Order without notice to the person in **(2)**?

Yes    No   *(If you answered yes, explain why 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 15—Temporary Restraining Order" for a title.*

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**16**  **Request to Give Less Than Five-Days' Notice**

*You must have your papers personally served on the person in **(2)** at least five days before the hearing, unless the court orders a shorter time for service. (Form EA-200-INFO explains What Is "Proof of Personal Service"? Form EA-200, Proof of Personal Service, may be used to show the court that the papers have been served.)*

If you want there to be fewer than five days between service and the hearing, explain why on the next page:

**This is not a Court Order.**



**16**  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 16—Request to Give Less Than Five-Days' Notice" for a title.

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**17 No Fee to Serve Orders** If you want the sheriff or marshal to serve (notify) the person in **2** about the orders for free, ask the court clerk what you need to do.

**18**  **Lawyer's Fees and Costs**

I ask the court to order payment of my  lawyer's fees  court costs.

The amounts requested are:

| <u>Item</u> | <u>Amount</u> | <u>Item</u> | <u>Amount</u> |
|-------------|---------------|-------------|---------------|
| _____       | \$ _____      | _____       | \$ _____      |
| _____       | \$ _____      | _____       | \$ _____      |
| _____       | \$ _____      | _____       | \$ _____      |

Check here if there are more items. Put the items and amounts on the attached sheet of paper or form MC-025 and write "Attachment 18—Lawyer's Fees and Costs" for a title.

**19**  **Possession and Protection of Animals**

I ask the court to order the following:

- a.  That the person in **1** be given the sole possession, care, and control of the animals listed below, which he/she owns, possesses, leases, keeps, or holds, or which reside in his/her household.  
(Identify animals by, e.g., type, breed, name, color, sex.)

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I request sole possession of the animals because (specify good cause for granting order):

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 19a—Possession of Animals" for a title.

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- b.  That the person in **2** must stay at least \_\_\_\_\_ yards away from, and not take, sell, transfer, encumber, conceal, molest, attack, strike, threaten, harm, or otherwise dispose of, the animals listed above.

**This is not a Court Order.**



**20**  **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. Put your complete answer on the attached sheet of paper or form MC-025 and write "Attachment 20—Additional Orders Requested," for a title.*

Lined area for specifying additional orders requested.

**21** Number of pages attached to this form, if any: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
*Lawyer's name (if any)*

 \_\_\_\_\_  
*Lawyer's signature*

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

Date: \_\_\_\_\_

\_\_\_\_\_  
*Type or print your name*

 \_\_\_\_\_  
*Signature of person filling out this request*

**This is not a Court Order.**

Clerk stamps date here when form is filed.

**DRAFT  
Not approved by the  
Judicial Council  
02.07.2017****Read *Can a Firearms Restraining Order Help Me?* (form GV-100-INFO) before completing this form.****1 Petitioner**

a. Your Full Name: \_\_\_\_\_

I am:  A family member of the Respondent  
 A law enforcement officer employed by  
(name of law enforcement agency): \_\_\_\_\_

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

Name: \_\_\_\_\_ State Bar No.: \_\_\_\_\_

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

c. 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 e-mail. Law enforcement officer, give agency information.)

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

E-Mail Address: \_\_\_\_\_

Fill in court name and street address:

**Superior Court of California, County of**

Court fills in case number when form is filed.

**Case Number:****2 Respondent**

Full Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address (if known): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**3 Venue**

Why are you filing in this county? (Check all that apply):

a.  The Respondent lives in this county.b.  Other (specify): \_\_\_\_\_**4 Other Court Cases**

a. Are you aware of any other court cases, civil or criminal, involving the Respondent?

 Yes  No *If yes, on the next page, check each kind of case and give as much information as you know as to where and when each was filed:***This is not a Court Order.**

| 4   | Kind of Case   | Filed in (County/State) | Year Filed | Case Number (if known) |
|-----|--|-------------------------|------------|------------------------|
| (1) | <input type="checkbox"/> Civil Harassment                    | _____                   | _____      | _____                  |
| (2) | <input type="checkbox"/> Domestic Violence                   | _____                   | _____      | _____                  |
| (3) | <input type="checkbox"/> Divorce, Nullity, Legal Separation  | _____                   | _____      | _____                  |
| (4) | <input type="checkbox"/> Paternity, Parentage, Child Custody | _____                   | _____      | _____                  |
| (5) | <input type="checkbox"/> Elder or Dependent Adult Abuse      | _____                   | _____      | _____                  |
| (6) | <input type="checkbox"/> Eviction                            | _____                   | _____      | _____                  |
| (7) | <input type="checkbox"/> Workplace Violence                  | _____                   | _____      | _____                  |
| (8) | <input type="checkbox"/> Criminal                            | _____                   | _____      | _____                  |
| (9) | <input type="checkbox"/> Other (specify):<br>_____           | _____                   | _____      | _____                  |

b. Are there now any protective or restraining orders in effect relating to Respondent?  
 Yes  No  I don't know *If yes, attach a copy if you have one.*

**5 Description of Respondent's Firearms**

*If you have reason to believe that the respondent is in possession of firearms, answer (a) or check (b).*

a.  I am informed, and on that basis believe, that Respondent currently possesses or controls the following firearms and ammunition. *(Describe the number, types, and locations of any firearms and ammunition that you believe that the Respondent currently possesses or controls):*

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

b.  I am informed, and on that basis believe, that Respondent currently possesses or controls firearms and ammunition, but I have no further specific information as to the number, types, and locations of those firearms and and ammunition.

**6 Grounds for Issuance of a Firearms Restraining Order**

I have reasonable cause to believe both of the following are true:

a. The Respondent poses a significant danger in the near future of causing personal injury to himself, herself, or another person by having in his or her custody or control, owning, purchasing, possessing, or receiving a firearm.

**This is not a Court Order.**



**10**  **Request to Give Less Than Five Days' Notice**

*You must have your papers personally served on Respondent at least five calendar days before the hearing, unless the court orders a shorter time for service. (Form GV-200-INFO explains What Is "Proof of Personal Service"? Form GV-200, Proof of Personal Service, may be used to show the court that the papers have been served.)*

If you want there to be fewer than five days between service and the hearing, explain why below:

Reasons stated in Attachment 10.

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

**11** Number of pages attached to this form, if any: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
*Lawyer's name (if any)*

▶ \_\_\_\_\_  
*Lawyer's signature*

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

Date: \_\_\_\_\_

\_\_\_\_\_  
*Type or print your name*

▶ \_\_\_\_\_  
*Sign your name*

**This is not a Court Order.**

Clerk stamps date here when form is filed.

**DRAFT**  
**Not approved by the**  
**Judicial Council**  
**02.07.2017**

Read *How do I Get a Private Postsecondary School Violence Restraining Order?* (form SV-100-INFO) before completing this form. Also fill out *Confidential CLETS Information* (form CLETS-001) with as much information as you know.

Fill in court name and street address:

**Superior Court of California, County of**

Court fills in case number when form is filed.

**Case Number:**

**1 Petitioner (Educational Institution Officer or Employee)**

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

- the chief administrative officer
- an officer or employee designated by the chief administrative officer to maintain order on the campus or facility of  
(name of private postsecondary educational institution):

\_\_\_\_\_ and is filing this petition on behalf of the student in **2**.

b. Lawyer for Petitioner (if any for this case):

Name: \_\_\_\_\_ State Bar No.: \_\_\_\_\_

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

c. Petitioner's Address (if the petitioner has a lawyer, give the lawyer's information):

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

E-Mail Address: \_\_\_\_\_

**2 Student in Need of Protection**

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

Sex:  M  F Age: \_\_\_\_\_

**3 Respondent (Person From Whom Protection Is Sought)**

Full Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address (if known): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**4 Additional Protected Persons**

a. Are you asking for protection for any family or household members or any other students at the campus or facility who are similarly in need of protection?  Yes  No (If yes, list them):

| <u>Full Name</u> | <u>Sex</u> | <u>Age</u> | <u>Household Member?</u>                                 | <u>Relationship to Student</u> |
|------------------|------------|------------|--|--------------------------------|
| _____            | _____      | _____      | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____                          |
| _____            | _____      | _____      | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____                          |
| _____            | _____      | _____      | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____                          |

Additional protected persons are listed in Attachment 4a.

**This is not a Court Order.**



4 b. Why do these people need protection? (*Explain*):  Response is stated in Attachment 4b.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5 **Relationship of Student and Respondent**

a. How does the student know the respondent? (*Describe*):  Response is stated in Attachment 5a.

\_\_\_\_\_

\_\_\_\_\_

b. Respondent  is  is not a current student of petitioner's institution. (*Explain any decision to retain, expel, or otherwise discipline the respondent*):  Response is stated in Attachment 5b.

\_\_\_\_\_

\_\_\_\_\_

6 **Venue**

Why are you filing in this county? (*Check all that apply*):

a.  The respondent lives in this county.

b.  The respondent has caused physical or emotional injury to the student in this county.

c.  Other (*specify*): \_\_\_\_\_

7 **Other Court Cases**

a. Has the student or any of the persons named in 4 been involved in another court case with the respondent?  
 No  Yes (*If yes, check each kind of case and indicate where and when each was filed*):

|      | <u>Kind of Case</u>  | <u>Filed in (County/State)</u> | <u>Year Filed</u> | <u>Case Number (if known)</u> |
|------|--|--------------------------------|-------------------|-------------------------------|
| (1)  | <input type="checkbox"/> Postsecondary School Violence       | _____                          | _____             | _____                         |
| (2)  | <input type="checkbox"/> Civil Harassment                    | _____                          | _____             | _____                         |
| (3)  | <input type="checkbox"/> Domestic Violence                   | _____                          | _____             | _____                         |
| (4)  | <input type="checkbox"/> Divorce, Nullity, Legal Separation  | _____                          | _____             | _____                         |
| (5)  | <input type="checkbox"/> Paternity, Parentage, Child Support | _____                          | _____             | _____                         |
| (6)  | <input type="checkbox"/> Elder or Dependent Adult Abuse      | _____                          | _____             | _____                         |
| (7)  | <input type="checkbox"/> Eviction                            | _____                          | _____             | _____                         |
| (8)  | <input type="checkbox"/> Guardianship                        | _____                          | _____             | _____                         |
| (9)  | <input type="checkbox"/> Workplace Violence                  | _____                          | _____             | _____                         |
| (10) | <input type="checkbox"/> Small Claims                        | _____                          | _____             | _____                         |
| (11) | <input type="checkbox"/> Criminal                            | _____                          | _____             | _____                         |
| (12) | <input type="checkbox"/> Other ( <i>specify</i> ): _____     | _____                          | _____             | _____                         |

b. Are any restraining orders or criminal protective orders now in effect relating to the student or any of the persons in 4 and the respondent?  No  Yes (*If yes, attach a copy if you have one.*)

**This is not a Court Order.**





8 f. For any of the incidents described above, did the police come?  Yes  No  I don't know

If yes, did the student or the respondent receive an Emergency Protective Order?

Yes  No  I don't know

If yes, the order protects (check all that apply)

the student.  the respondent.  one or more of the persons in 4.

(Attach a copy of the order if you have one.)

Check the orders you want.

9 Personal Conduct Orders

I ask the court to order the respondent not to do any of the following things to the student or to any person to be protected listed in 4:

- a. Harass, intimidate, molest, attack, strike, stalk, threaten, assault (sexually or otherwise), hit, abuse, destroy personal property of, or disturb the peace of the person.
b. Make threats of violence against the person.
c. Follow or stalk the person during school hours or to or from the school campus or facility.
d. Contact the person, either directly or indirectly, by any means, including, but not limited to, in person, by telephone, in writing, by public or private mail, by interoffice mail, by e-mail, by text message, by fax, or by other electronic means.
e. Enter the person's school campus or facility.
f. Other (specify):
As stated in Attachment 9f.

Horizontal lines for specifying other details for item f.

The respondent will be ordered not to take any action to get the addresses or locations of any protected person unless the court finds good cause not to make the order.

10 Stay-Away Order

a. I ask the court to order the respondent to stay at least \_\_\_\_\_ yards away from (check all that apply):

- (1) The student. (7) The place of child care of the student's children.
(2) The other persons listed in 4. (8) The student's vehicle.
(3) The school. (9) Other (specify):
(4) The student's home.
(5) The student's job or workplace.
(6) The school of the student's children.

Horizontal lines for specifying other details for item a.

This is not a Court Order.



- 10 b. If the court orders the respondent to stay away from all the places listed above, will he or she still be able to get to his or her home, school, or job?  Yes  No (If no, explain):  
 Response is stated on Attachment 10b.

11 **Guns or Other Firearms and Ammunition**

Does the respondent own or possess any guns or other firearms?  Yes  No  I don't know

*If the judge grants a protective order, the respondent will be prohibited from owning, possessing, purchasing, receiving, or attempting to purchase or receive a gun, other firearm, and ammunition while the protective order is in effect. The respondent will also be ordered to turn in to law enforcement, or sell to or store with a licensed gun dealer any guns or firearms within his or her immediate possession or control.*

12  **Temporary Restraining Order**

I request that a Temporary Restraining Order (TRO) be issued against the Respondent. I am presenting form SV-110, *Temporary Restraining Order*, for the court's signature together with this Petition.

Do you want the court to issue the Temporary Restraining Order without notice to the Respondent?

Yes  No (If you answered yes, explain why below):

Reasons are stated in Attachment 12.

13  **Request for Less Than Five Days' Notice**

*You must have your papers personally served on the respondent at least five days before the hearing, unless the court orders a shorter time for service. (Form SV-200-INFO explains what is proof of personal service. Form SV-200, Proof of Personal Service, may be used to show the court that the papers have been served.)*

If you want there to be fewer than five days between service and the hearing, explain why:

Reasons are stated in Attachment 13.

14  **No Fee for Filing**

I ask that there be no filing fee because the respondent has threatened violence against the student, or stalked the student, or acted or spoken in a manner that has placed the student in reasonable fear of violence.

**This is not a Court Order.**



**15**  **No Fee to Serve Orders**

I ask the court to order the sheriff or marshal to serve the respondent with the others for free because this request for orders is based on a credible threat of violence or stalking.

**16**  **Court Costs**

I ask the court to order the respondent to pay my court costs.

**17**  **Additional Orders Requested**

I ask the court to make the following additional orders (*specify*):

Additional orders requested are stated in Attachment 17.

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

**18** Number of pages attached to this form, if any: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
*Lawyer's name (if any)*

▶ \_\_\_\_\_  
*Lawyer's signature*

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

Date: \_\_\_\_\_

\_\_\_\_\_  
*Name of petitioner*

▶ \_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Title*

I consent to the filing of the Petition.

Date: \_\_\_\_\_

\_\_\_\_\_  
*Name of student*

▶ \_\_\_\_\_  
*Signature*

**This is not a Court Order.**

**Petition for Workplace Violence Restraining Orders**

*Clerk stamps date here when form is filed.*

Read *How Do I Get an Order to Prohibit Workplace Violence* (form WV-100-INFO) before completing this form. **NOTE: Petitioner must be an employer with standing to bring this action under Code of Civil Procedure section 527.8.** Also fill out *Confidential CLETS Information* (form CLETS-001) with as much information as you know.

**DRAFT**  
**Not approved by the**  
**Judicial Council**  
**02.07.2017**

**1 Petitioner (Employer)**

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

is a  corporation  sole proprietorship

(specify): \_\_\_\_\_

and is filing this suit on behalf of the employee identified in item 2.

b. Lawyer for Petitioner (if any for this case):

Name: \_\_\_\_\_ State Bar No.: \_\_\_\_\_

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

Petitioner's Address (if the petitioner has a lawyer, give the lawyer's information):

c. Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

E-Mail Address: \_\_\_\_\_

*Fill in court name and street address:*

**Superior Court of California, County of**

*Court fills in case number when form is filed.*

**Case Number:**

**2 Employee in Need of Protection**

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

Sex:  M  F Age: \_\_\_\_\_

**3 Respondent (Person From Whom Protection Is Sought)**

Full Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address (if known): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**4 Additional Protected Persons**

a. Are you asking for protection for any family or household members of the employee or for any other employees at the employee's workplace or at other workplaces of the petitioner?

Yes  No (If yes, list them):

| Full Name | Sex   | Age   | Household Member?  | Relationship to Employee |
|-----------|-------|-------|--|--------------------------|
| _____     | _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____                    |
| _____     | _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____                    |
| _____     | _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____                    |

Additional protected persons are listed in Attachment 4a.

**This is not a Court Order.**



- 4 b. Why do these people need protection? (*Explain*):  
 Response is stated in Attachment 4b.

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

5 **Relationship of Employee and Respondent**

- a. How does the employee know the respondent? (*Describe*):  Response is stated in Attachment 5a.

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

- b. Respondent  is  is not a current employee of petitioner. (*Explain any decision to retain, terminate, or otherwise discipline the respondent*):  Response is stated in Attachment 5b.

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

6 **Venue**

Why are you filing in this county? (*Check all that apply*):

- a.  The respondent lives in this county.  
 b.  The respondent has caused physical or emotional injury to the petitioner's employee in this county.  
 c.  Other (*specify*): \_\_\_\_\_

7 **Other Court Cases**

- a. Has the employee or any of the persons named in 4 been involved in another court case with the respondent?

No  Yes *If yes, check each kind of case and indicate where and when each was filed:*

|      | <u>Kind of Case</u>  | <u>Filed in (County/State)</u> | <u>Year Filed</u> | <u>Case Number (if known)</u> |
|------|--|--------------------------------|-------------------|-------------------------------|
| (1)  | <input type="checkbox"/> Workplace Violence                  | _____                          | _____             | _____                         |
| (2)  | <input type="checkbox"/> Civil Harassment                    | _____                          | _____             | _____                         |
| (3)  | <input type="checkbox"/> Domestic Violence                   | _____                          | _____             | _____                         |
| (4)  | <input type="checkbox"/> Divorce, Nullity, Legal Separation  | _____                          | _____             | _____                         |
| (5)  | <input type="checkbox"/> Paternity, Parentage, Child Support | _____                          | _____             | _____                         |
| (6)  | <input type="checkbox"/> Eviction                            | _____                          | _____             | _____                         |
| (7)  | <input type="checkbox"/> Guardianship                        | _____                          | _____             | _____                         |
| (8)  | <input type="checkbox"/> Small Claims                        | _____                          | _____             | _____                         |
| (9)  | <input type="checkbox"/> Postsecondary School Violence       | _____                          | _____             | _____                         |
| (10) | <input type="checkbox"/> Criminal                            | _____                          | _____             | _____                         |
| (11) | <input type="checkbox"/> Other ( <i>specify</i> ): _____     | _____                          | _____             | _____                         |

- b. Are any restraining orders or criminal protective orders now in effect relating to the employee or any of the persons in 4 and the respondent?  No  Yes (*If yes, attach a copy if you have one.*)

**This is not a Court Order.**



**8 Description of Respondent's Conduct**

a. Respondent has (*check one or more*):

- (1)  Assaulted, battered, or stalked the employee
- (2)  Made a credible threat of violence against the employee by making knowing or willful statements or engaging in a course of conduct that would place a reasonable person in fear for his or her safety or the safety of his or her immediate family.

b. One or more of these acts (*check either or both*):

- (1)  Took place at the employee's workplace
- (2)  Can reasonably be construed to be carried out in the future at the employee's workplace

Address of workplace: \_\_\_\_\_  
\_\_\_\_\_

c. Describe what happened. (*Provide details; include the dates of all incidents beginning with the most recent; tell who did what to whom; identify any witnesses*):

Response is stated in Attachment 8c.

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

d. Was the employee harmed or injured?  Yes  No (*If yes, describe harm or injuries*):

Response is stated in Attachment 8d.

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

e. Did the respondent use or threaten to use a gun or any other weapon?  Yes  No (*If yes, describe*):

Response is stated in Attachment 8e.

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

**This is not a Court Order.**



8 f. For any of the incidents described above, did the police come?  Yes  No  I don't know

If yes, did the employee or the respondent receive an Emergency Protective Order?

Yes  No  I don't know

If yes the order protects (*check all that apply*)

the employee  the respondent  one or more of the persons in 4.

Attach a copy of the order if you have one.

**Check the orders you want**

9  **Personal Conduct Orders**

I ask the court to order the respondent **not** to do any of the following things to the employee or to any person to be protected listed in 4:

- a.  Harass, intimidate, molest, attack, strike, stalk, threaten, assault (sexually or otherwise), hit, abuse, destroy personal property of, or disturb the peace of the person.
- b.  Commit acts of unlawful violence on or make threats of violence to the person.
- c.  Follow or stalk the person during work hours or to or from the place of work.
- d.  Contact the person, either directly or indirectly, by **any** means, including, but not limited to, in person, by telephone, in writing, by public or private mail, by interoffice mail, by e-mail, by text message, by fax, or by other electronic means.
- e.  Enter the person's workplace.
- f.  Other (*specify*):  
 As stated in Attachment 9f.

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

*The respondent will be ordered not to take any action to get the addresses or locations of any protected person unless the court finds good cause not to make the order.*

10 **Stay-Away Order**

a. I ask the court to order the respondent to stay at least \_\_\_\_\_ yards away from (*check all that apply*):

- (1)  The employee.
- (2)  The other persons listed in 4 .
- (3)  The employee's workplace.
- (4)  The employee's home.
- (5)  The employee's school.
- (6)  The school of the employee's children.
- (7)  The place of child care of the employee's children.
- (8)  The employee's vehicle.
- (9)  Other (*specify*):

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

**This is not a Court Order.**



- 10 b. If the court orders the respondent to stay away from all the places listed above, will he or she still be able to get to his or her home, school, or job?  Yes  No (If no, explain):  
 Response is stated on Attachment 10b.

11 **Guns or Other Firearms and Ammunition**

Does the respondent own or possess any guns or other firearms?  Yes  No  I don't know

*If the judge grants a protective order, the respondent will be prohibited from owning, possessing, purchasing, receiving, or attempting to purchase or receive a gun, other firearm, and ammunition while the protective order is in effect. The respondent will also be ordered to turn in to law enforcement, or sell to or store with a licensed gun dealer, any guns or firearms within his or her immediate possession or control.*

12  **Temporary Restraining Order**

I request that a Temporary Restraining Order (TRO) be issued against the Respondent. I am presenting form WV-110, *Temporary Restraining Order*, for the court's signature together with this Petition.

Do you want the court to issue the Temporary Restraining Order without notice to the Respondent?

Yes  No (If you answered yes, explain why below):

Reasons are stated in Attachment 12.

13  **Request for Less Than Five Days' Notice**

*You must have your papers personally served on the respondent at least five days before the hearing, unless the court orders a shorter time for service. (Form WV-200-INFO explains what is proof of personal service. Form WV-200, Proof of Personal Service, may be used to show the court that the papers have been served.)*

If you want there to be fewer than five days between service and the hearing, explain why:

Reasons are stated in Attachment 13.

14  **No Fee for Filing**

I ask that there be no filing fee because the respondent has threatened violence against the employee, or stalked the employee, or acted or spoken in a manner that has placed the employee in reasonable fear of violence.

**This is not a Court Order.**



**15**  **No Fee to Serve Orders**

I ask the court to order the sheriff or marshal to serve the respondent with the others for free because this request for orders is based on a credible threat of violence or stalking.

**16**  **Court Costs**

I ask the court to order the respondent to pay my court costs.

**17**  **Additional Orders Requested**

I ask the court to make the following additional orders (*specify*):

Additional orders requested are stated in Attachment 17.

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

**18** Number of pages attached to this form, if any: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
*Lawyer's name (if any)*

▶ \_\_\_\_\_  
*Lawyer's signature*

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

Date: \_\_\_\_\_

\_\_\_\_\_  
*Name of petitioner*

▶ \_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Title*

**This is not a Court Order.**