DV-100 Request for Order

To keep other people from seeing what you entered on your form, please press the Clear This Form button at the end of the form when finished.

Fill in court name and street address:

Superior Court of California, County of

Clerk fills in case number when form is filed.

Case Number:

1 Your name (person asking for protection):

_____

Your address *(skip this if you have a lawyer): (If you want your address to be private, give a mailing address instead):*

_____

City: _____ State: _____ Zip: _____

Your telephone number *(optional):* _____

Your lawyer *(if you have one): (Name, address, telephone number, and State Bar number):*

_____

_____

_____

2 Name of person you want protection from:

_____

Description of that person: Sex: ☐ M ☐ F Height: _____

Weight: _____ Race: _____ Hair Color: _____

Eye Color: _____ Age: _____ Date of Birth: _____

3 Besides you, who needs protection? *(Family or household members):*

Full Name	Age	Lives with you?	How are they related to you?
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	

☐ *Check here if you need more space. Attach Form MC-020 and write "DV-100, Item 3—Protected People" by your statement. NOTE: In any item that asks for Form MC-020, you can use an 8 1/2 x 11-inch sheet of paper instead.*

4 What is your relationship to the person in 2? *(Check all that apply):*

a. ☐ We are now married or registered domestic partners.

b. ☐ We used to be married or registered domestic partners.

c. ☐ We live together.

d. ☐ We used to live together.

e. ☐ We are relatives, in-laws, or related by adoption *(specify relationship):* _____

f. ☐ We are dating or used to date.

g. ☐ We are engaged to be married or were engaged to be married.

h. ☐ We are the parents together of a child or children under 18:

Child's Name: _____ Date of Birth: _____

Child's Name: _____ Date of Birth: _____

Child's Name: _____ Date of Birth: _____

☐ *Check here if you need more space. Attach Form MC-020 and write "DV-100, Item 4h" by your statement.*

i. ☐ We have signed a Voluntary Declaration of Paternity for our child or children. *(Attach a copy if you have one.)*

This is not a Court Order.

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Case Number:

Your name: _____

5 Other Court Cases

a. Have you and the person in 2 been involved in another court case? ☐ No ☐ Yes

If yes, where? County: _____ State: _____

What are the case numbers? *(If you know):* _____

What kind of case? *(Check all that apply):*

☐ Registered Domestic Partnership ☐ Divorce/Dissolution ☐ Parentage/Paternity ☐ Legal Separation
☐ Domestic Violence ☐ Criminal ☐ Juvenile ☐ Child Support ☐ Nullity ☐ Civil Harassment
☐ Other *(specify):* _____

b. Are there any domestic violence restraining/protective orders now (criminal, juvenile, family)?

☐ No ☐ Yes *If yes, attach a copy if you have one.*

What orders do you want? Check the boxes that apply to your case. ☑

6 ☐ Personal Conduct Orders

I ask the court to order the person in 2 not to do the following things to me or any of the people listed in 3:

a. ☐ Harass, attack, strike, threaten, assault (sexually or otherwise), hit, follow, stalk, molest, destroy personal property, disturb the peace, keep under surveillance, or block movements

b. ☐ Contact (either directly or indirectly), or telephone, or send messages or mail or e-mail

The person in 2 will be ordered not to take any action to get the addresses or locations of any protected person, their family members, caretakers, or guardians unless the court finds good cause not to make the order.

7 ☐ Stay-Away Order

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

a. ☐ Me
b. ☐ The people listed in 3
c. ☐ My home
d. ☐ My job or workplace
e. ☐ The children's school or child care
f. ☐ My vehicle
g. ☐ Other *(specify):* _____

If the person listed in 2 is ordered to stay away from all the places listed above, will he or she still be able to get to his or her home, school, job, or place of worship? ☐ Yes ☐ No *(If no, explain):* _____

8 ☐ Move-Out Order

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

_____

I have the right to live at the above address because *(explain):* _____

9 ☐ Child Custody, Visitation, and Child Support

I ask the court to order child custody, visitation, and/or child support. *You must fill out and attach Form DV-105.*

10 ☐ Spousal Support

You can make this request only if you are married to, or are a registered domestic partner of, the person in 2 and no spousal support order exists. To ask for spousal support, you must fill out, file, and serve Form FL-150 before your hearing.

This is not a Court Order.

Case Number:

Your name: _____

What orders do you want? Check the boxes that apply to your case. ☑

11 ☐ Record Unlawful Communications

I ask for the right to record communications made to me by the person in 2 that violate the judge's orders.

12 ☐ Property Control

I ask the court to give ***only*** me temporary use, possession, and control of the property listed here:

_____

13 ☐ Debt Payment

I ask the court to order the person in 2 to make these payments while the order is in effect:

☐ *Check here if you need more space. Attach Form MC-020 and write "DV-100, Item 13—Debt Payment" by your statement.*

Pay to: _____ For: _____ Amount: $ _____ Due date: _____

Pay to: _____ For: _____ Amount: $ _____ Due date: _____

Pay to: _____ For: _____ Amount: $ _____ Due date: _____

14 ☐ Property Restraint

I am married to or have a registered domestic partnership with the person in 2. I ask the judge to order that the person in 2 not borrow against, sell, hide, or get rid of or destroy any possessions or property, except in the usual course of business or for necessities of life. I also ask the judge to order the person in 2 to notify me of any new or big expenses and to explain them to the court.

15 ☐ Attorney Fees and Costs

I ask that the person in 2 pay some or all of my attorney fees and costs.

You must complete and file Form FL-150, Income and Expense Declaration.

16 ☐ Payments for Costs and Services

I ask that the person in 2 pay the following:

You can ask for lost earnings or your costs for services caused directly by the person in 2 (damaged property, medical care, counseling, temporary housing, etc.). You must bring proof of these expenses to your hearing.

Pay to: _____ For: _____ Amount: $ _____

Pay to: _____ For: _____ Amount: $ _____

Pay to: _____ For: _____ Amount: $ _____

17 ☐ Batterer Intervention Program

I ask the court to order the person listed in 2 to go to a 52-week batterer intervention program and show proof of completion to the court.

18 No Fee to Serve (Notify) Restrained Person

If you want the sheriff or marshal to serve (notify) the restrained person about the orders for free, ask the court clerk if you need to file more forms. You may need Form CH-101/DV-290 and Form 982(a)(17).

This is not a Court Order.

Case Number:

Your name: _____

What orders do you want? Check the boxes that apply to your case. ☑

19 ☐ More Time for Notice

I need extra time to notify the person in 2 about these papers. Because of the facts explained on this form, I want the papers served up to _____ days before the date of the hearing. *For help, read Form DV-210-INFO.*

If necessary, add additional facts: _____

20 ☐ Other Orders

What other orders are you asking for? _____

☐ *Check here if you need more space. Attach Form MC-020 and write "DV-100, Item 20—Other Orders" by your statement.*

21 Guns or Other Firearms

I believe the person in 2 owns or possesses guns or firearms. ☐ Yes ☐ No ☐ I don't know

If the judge approves the order, the person in 2 will be required to sell to a gun dealer or turn in to police any guns or firearms that he or she owns or possesses.

22 Describe the most recent abuse.

a. Date of most recent abuse: _____

b. Who was there? _____

c. What did the person in 2 do or say that made you afraid?

_____

d. Describe any use or threatened use of guns or other weapons: _____

e. Describe any injuries: _____

f. Did the police come? ☐ No ☐ Yes

If yes, did they give you an Emergency Protective Order? ☐ Yes ☐ No ☐ I don't know

Attach a copy if you have one.

☐ *Check here if you need more space. Use Form MC-020 and write "DV-100, Item 22—Recent Abuse" by your statement.*

☐ *Check here if the person in 2 has abused you (or your children) other times. Use Form DV-101 or Form MC-020 to describe any previous abuse.*

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*

This is not a Court Order.

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