

SUPERIOR COURT SAN BENITO COUNTY

SELF-HELP CENTER

450 Fourth Street Hollister, CA 95023

How to answer to a
Restraining Order?

Domestic Violence Prevention

**BEFORE FILING, BRING THESE COMPLETED FORMS TO
THE SELF - HELP CENTER FOR A REVIEW.**

*For assistance please come in during our **Walk-in hours***

Monday to Thursday 8:30am – 12:00pm

Feel free to reach us at (831)636-4057

Or at Self-help@sanbenito.court.ca.gov

ENGLISH

¿Qué es una orden de restricción de violencia en el hogar?

Esta es una orden de la corte que puede ayudar a proteger a las personas que han sido maltratadas o amenazadas con maltrato.

El maltrato puede ser físico o emocional. Puede ser verbal o escrito.

¿Qué hace la orden?

La corte puede ordenarle que:

- No tener contacto ni hacer daño a la persona protegida, a sus hijos o a otras personas indicadas como personas protegidas
- Permanezca alejado de todas las personas protegidas
- No tenga armas de fuego o municiones
- Mudarse del lugar que comparte con la persona protegida
- Obedezca órdenes de custodia y visitación de los hijos
- Pague manutención de los hijos
- Pague manutención del cónyuge
- Obedezca órdenes sobre la propiedad
- Cumplir otros tipos de órdenes (indicadas en el formulario DV-100)

¿Quién puede pedir una orden de restricción de violencia en el hogar?

La persona que pide la orden tiene que tener una relación con usted:

- Alguien con quien sale ahora o salía antes
- Su cónyuge, pareja de hecho registrada, comprometido o alguien de quien se separó o divorció o que fue su comprometido antes
- Una persona que vive o vivió con usted (más que simplemente un compañero de cuarto)
- Un padre, abuelo, hermano, hijo o nieto biológico, por matrimonio o adopción

He recibido una solicitud de orden de restricción de violencia en el hogar. ¿Ahora qué hago?

Lea los documentos muy cuidadosamente. Tiene que cumplir con todas las órdenes dictadas por el juez. El *Aviso de audiencia de la corte* le dice cuándo tiene que comparecer en la corte. Si no está de acuerdo con las órdenes solicitadas debería ir a la audiencia. Si no va a la audiencia, el juez puede dictar órdenes en su contra sin considerar su lado de los hechos.

¿Qué pasará si no obedezco la orden de la corte?

La policía lo puede arrestar. Puede ir a la cárcel y/o pagar una multa. La orden es válida, sea o no ciudadano de EE. UU. Si le preocupa su condición de inmigrante, hable con un abogado especializado en inmigración.

¿Cuánto dura la orden?

Si hay una *Orden de restricción temporal* en vigor, seguirá en vigor hasta la fecha de audiencia. En la audiencia, el juez decidirá si va a extender o cancelar la orden. El juez puede extender la orden por hasta cinco años. Las órdenes de custodia, visitación, manutención de los hijos y manutención del cónyuge pueden durar más que cinco años y no vencen cuando vence la orden de restricción.

¿Qué pasa si no estoy de acuerdo con lo que dice la orden?

Igual tiene que obedecer la orden hasta que se realice la audiencia. Si NO está de acuerdo con las órdenes que la otra persona está pidiendo, llene el formulario DV-120, *Respuesta a la solicitud de orden de restricción de violencia en el hogar*. Después de llenar el formulario, preséntelo ante el secretario de la corte y haga la “entrega legal” del formulario a la persona que está pidiendo la orden de restricción. “Entrega legal” quiere decir pedirle a una persona de al menos 18 años de edad (**no usted**) que le envíe una copia por correo a la otra parte. La persona que hace la entrega legal del formulario tiene que llenar el formulario DV-250, *Prueba de entrega por correo*. Después de haber llenado el formulario DV-250, se tiene que presentarlo ante el secretario de la corte. En la audiencia también usted tendrá la oportunidad de contar su lado de los hechos. Para obtener más información para prepararse para la audiencia, lea el formulario DV-520-INFO S, *Prepárese para la audiencia en la corte sobre la orden de restricción*.

¿Tengo que pagar algo para presentar mi respuesta (formulario DV-120)?

No.

¿Qué hago si también se presentaron cargos penales en mi contra?

Consulte con un abogado. Cualquier cosa que diga o escriba, incluso en este caso, se puede usar en su contra en un caso penal.

¿Qué pasa si tengo un arma de fuego o municiones?

Si se dicta una orden de restricción en su contra, no puede poseer, tener, ni ser dueño de una pistola u otra arma de fuego o municiones mientras la orden esté vigente. Si tiene una pistola u otra arma de fuego en su posesión inmediata o bajo su control, tiene que venderla o darla para almacenar a un comerciante de armas autorizado o entregarla a una agencia del orden público. Tiene que demostrarle a la corte que entregó o vendió su arma de fuego. Para obtener más información, lea el formulario DV-800-INFO S, *Cómo entregar, vender o dar para almacenar sus armas de fuego*.

¿Necesito abogado?

No tiene derecho a un abogado sin cargo nombrado por la corte para este caso, pero le conviene tener un abogado para que lo represente o le dé asesoramiento, sobre todo si tiene hijos. Si no puede pagar por un abogado, puede representarse a sí mismo. Hay ayuda gratis o de bajo costo disponible en todos los condados. Para obtener ayuda, pregúntele al secretario de la corte cómo encontrar servicios legales gratis o de bajo costo y centros de autoayuda en su zona. También puede obtener ayuda legal con asuntos de manutención de los hijos en su oficina local del asistente de derecho familiar.

¿Qué hago si no hablo inglés?

Cuando presente su formulario DV-120, pregúntele al secretario si habrá un intérprete de la corte disponible en la audiencia. Si el intérprete de la corte no puede venir, lleve a alguien quien pueda servirle de intérprete. NO le pida a un menor de edad, a un testigo o a una de las personas protegidas por la orden que sea su intérprete.

¿Qué hago si soy sordo o tengo impedimentos de audición?

Están disponibles: sistemas para ayudarlo a escuchar, sistemas computarizados que emiten subtítulos en tiempo real, o la ayuda de un intérprete del lenguaje de señas si los solicita al menos cinco días antes de la audiencia. Comuníquese con la oficina del secretario de la corte o vaya a: www.courts.ca.gov/forms para conseguir el formulario *Solicitud de modificaciones para personas con discapacidades y Respuesta* (formulario MC-410). (Código Civil, sección 54.8).

**¿Puedo usar una orden de restricción para divorciarme o dar por terminada una pareja de hecho registrada?**

No. Estos formularios no darán por terminado su matrimonio o pareja de hecho registrada. Para ello tendrá que presentar otros formularios.

¿Qué pasa si tengo hijos con la persona que solicita protección?

El juez puede dictar órdenes temporales de custodia y visitación de los hijos. Si el juez dicta una orden temporal de custodia de los hijos, el padre que tiene la custodia no puede sacar a su hijo de California sin previo aviso al otro padre y una audiencia en la corte. Lea la orden para saber si hay otras restricciones. Puede haber algunas excepciones. Para obtener más información, hable con un abogado.

¿Qué hago si quiero irme del condado o el estado?

Igual tiene que cumplir con la orden de restricción, incluyendo las órdenes de custodia y visitación. La orden de restricción es válida en cualquier parte de los Estados Unidos.

¿Veré a la persona que solicita la protección en la audiencia de la corte?

Sí. Lo más probable es que la persona que solicitó la orden asistirá a la audiencia. No hable con él o ella hasta que el juez o el abogado de la otra persona le dé permiso para hacerlo. Cualquier orden de restricción temporal dictada por la corte seguirá en vigor hasta el fin de la audiencia.

¿Qué hago si necesito una orden de restricción contra la otra persona?

No use este formulario para pedir una orden de restricción de violencia en el hogar. Si necesita información sobre cómo presentar su propia orden de restricción, lea el formulario DV-505-INFO S. También puede preguntarle al secretario de la corte cómo conseguir ayuda legal gratis o de bajo costo.

¿Qué hago si soy víctima de violencia en el hogar?

Para una remisión a un programa local de violencia en el hogar o de ayuda legal, llame a la Línea nacional sobre la violencia doméstica:

1-800-799-7233

TDD: 1-800-787-3224

Es gratis y confidencial.

Pueden brindarle ayuda en más de 100 idiomas.

Para obtener ayuda en su zona, póngase en contacto con:

[Local information may be inserted]

DV-120**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. You will need a copy of form DV-100, *Request for Domestic Violence Restraining Order*, that was filled out by the person who asked for a restraining order against you. There is no cost to file this form with the court.

Do not use this form if you want 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.

1 Name of Person Asking for Protection:(See form DV-100, item ①):

Fill in court name and street address:

Superior Court of California, County of
San Benito
450 Fourth Street
Hollister, CA 95023**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: _____

Fill in case number:

Case Number:
_____**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.)

E-Mail 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 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 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.

5 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 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 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 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 **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 **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 **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 **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 **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 child or children listed in form DV-105 (*check one*):
- (1) ☐ I agree to the order 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 **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 **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 **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 **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 **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 **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 **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 **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 www.courts.ca.gov/selfhelp-support.htm.*)

22 ☐ **Spousal Support** (see **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** (see **26** 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: _____

- c. ☐ I ask that the person in **1** pay for some or all of my lawyer's fees and costs.

24 ☐ **Batterer Intervention Program** (see **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 **(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 **(29)** on form DV-100)

If you were served with form DV-110, *Temporary Restraining Order*, you must follow the orders in **(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 for work only. (You will have to show the judge that your work requires you to have a firearm, and that your employer cannot reassign you to another position where a firearm is not needed. If you are a peace officer, there are additional requirements.)

(Give details, like what your job is and why you need a firearm): _____

27 **Cannot Look for Protected People** (see **(30)** on form DV-100)

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

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

28 ☐ **Additional Reasons I Do Not Agree with the Request** (optional)

Explain why you do not agree to any of the orders requested by the person in **(1)** (give specific facts and reasons):

☐ Check here if you need more space. Attach a sheet of paper and write "DV-120, Additional Reasons I Do Not Agree with the Request" at the top.

This is not a Court Order.

29 ☐ 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: \$ _____

30 Additional Pages

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

31 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

32 Your lawyer's signature (if you have one)

Date: _____

Lawyer's name

▶ _____
Lawyer's signature

Your Next Steps

- If the person in ① asked for child support, spousal support, or anyone is asking for 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. Then you must have a server mail a copy to the person in ① and have your server complete form DV-250, *Proof of Service by Mail*. After form DV-250 is completed, file it with the court.
- Prepare for your court date by gathering evidence or witnesses, if you have any. Learn more at: <https://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.

1 ¿Qué es un arma de fuego?

Un arma de fuego es una:

- Pistola
- Escopeta
- Rifle
- Arma de asalto

**2 Si tiene o es dueño de un arma de fuego, tiene que:**

- Entregársela a la agencia del orden público de su zona o
- Vendérsela o darla para almacenar a un comerciante de armas autorizado.

3 ¿Cómo vendo mi arma de fuego o la doy para almacenar?

Busque un comerciante de armas autorizado en su zona.

Busque bajo "Firearms Dealers" en las páginas amarillas locales o por Internet. Verifique que el comerciante esté autorizado

4 ¿Cómo entrego mi arma de fuego a los agentes del orden público?

Llame a su agencia local del orden público para preguntar sobre sus procedimientos. Lleve consigo una copia de su orden de restricción. Vaya directamente a la agencia del orden público. ¡No vaya a ningún otro lugar con su arma de fuego en el carro!

5 Si entrego mi arma de fuego a la agencia del orden público, ¿por cuánto tiempo la guardará?

Pregunte en la agencia del orden público.

6 Después de haber entregado mi arma de fuego a la agencia del orden público, ¿puedo cambiar de parecer?

Sí. Está permitido hacer una venta a un comerciante de armas autorizado. Para hacerlo, el comerciante de armas autorizado tiene que entregar un comprobante de venta a su agencia local del orden público. La agencia del orden público le dará al comerciante de armas de fuego autorizado el arma que vendió.

7 ¿Tengo que pagar a la agencia del orden público para que guarde mi arma de fuego?

Es posible que tenga que pagarle a la agencia del orden público por guardar su arma de fuego. Póngase en contacto con la agencia del orden público local y pregunte si tiene que pagar. La agencia le dirá cuánto tiene que pagar

8 ¿Preguntas?

Llame a su agencia del orden público local:

[Se puede poner la información local aquí.]

RECUERDE LO SIGUIENTE:

- Descargue su arma de fuego.
- Ponga su arma de fuego en la cajuela.
- Llame a la agencia del orden público por adelantado.

RECUERDE NO HACER LO SIGUIENTE:

- No lleve una arma de fuego cargada a la agencia del orden público.
- No lleve municiones cuando entregue la arma de fuego.
- No ponga su arma de fuego en la cajuelita cerrado con llave.
- No lleve una arma de fuego a la corte.

DV-800/JV-252**Proof of Firearms Turned In,
Sold, or Stored**

Clerk stamps date here when form is filed.

1 Protected Person

Name: _____

2 Restrained Person

a. Your Name: _____

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

Name: _____ State Bar No.: _____

Firm Name: _____

b. Your Address (If you have a lawyer, give your lawyer's information. If you do not have a lawyer and want to keep your home address private, you may give a different mailing address instead. You do not have to give telephone, fax, or e-mail.):

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

E-Mail Address: _____

Fill in court name and street address:

**Superior Court of California, County of
San Benito
450 Fourth Street
Hollister, CA 95023**

Court fills in case number when form is filed.

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

If the court has ordered you to turn in, sell, or store your firearms, you may use this form to prove to the court that you have obeyed its orders. When you deliver your unloaded weapons, ask the law enforcement officer or the licensed gun dealer to complete item (4) or (5) and item (6). After the form is signed, file it with the court clerk. Keep a copy for yourself. For help, read form DV-800-INFO/JV-252-INFO, *How Do I Turn In, Sell, or Store My Firearms?*

4 To Law Enforcement

Fill out items (4) and (6) of this form. Keep a copy and give the original to the person who turned in the firearms.

The firearms listed in (6) were turned in on:

Date: _____ at: _____ ☐ a.m. ☐ p.m.

To: _____

Name and title of law enforcement agent

Name of law enforcement agency

Address

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

5 To Licensed Gun Dealer

Fill out items (5) and (6) of this form. Keep a copy and give the original to the person who sold the firearms or stored them with you.

The firearms listed in (6) were

☐ sold to me ☐ transferred to me for storage on:Date: _____ at: _____ ☐ a.m. ☐ p.m.

To: _____

Name of licensed gun dealer

License number

Telephone

Address

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

Case Number:

6 Firearms

	<u>Make</u>	<u>Model</u>	<u>Serial Number</u>
a.			
b.			
c.			
d.			
e.			

☐ Check here if you turned in, sold, or stored more firearms. Attach a sheet of paper and write "DV-800/JV-252, Item 6—Firearms Turned In, Sold, or Stored" for a title. Include make, model, and serial number of each firearm. You may use form MC-025, Attachment.

7 Do you have, own, possess, or control any other firearms besides the firearms listed in 6? ☐ Yes ☐ No

If you answered yes, have you turned in, sold, or stored those other firearms? ☐ Yes ☐ No

If yes, check one of the boxes below:

a. ☐ I filed a *Proof of Firearms Turned In, Sold, or Stored* for those firearms with the court on (date):

b. ☐ I am filing the proof for those firearms along with this proof.

c. ☐ I have not yet filed the proof for the other firearms. (explain why not):

☐ Check here if there is not enough space below for your answer. Put your complete answer on the attached sheet of paper or Form MC-025 and write "Attachment 7c" for a title.

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

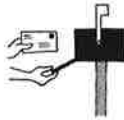
DV-250**Proof of Service by Mail**

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.



Fill in court name and street address:

Superior Court of California, County ofSan Benito
450 Fourth Street
Hollister, CA 95023

Fill in case number:

Case Number:**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: _____

7 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

**IF YOU HAVE CHILDREN TOGETHER AND
THE OTHER PARTY FILED FOR
CUSTODY/VISITATION OR CHILD
SUPPORT YOU NEED TO FILL OUT
ADDITIONAL FORMS:**

- DV – 105: Request for Child Custody and Visitation.
- FL – 150: Income and Expense Declaration.

DV-105**Request for Child Custody and Visitation Orders**

Case Number: _____

This form is attached to form DV-100. (Use this form to request orders for children you have with the person in **(2)**.)**1 Your Information**

Name: _____

Relationship to children: ☐ Parent ☐ Legal Guardian ☐ Other (describe): _____**2 Person You Want Protection From**

Name: _____

Relationship to children: ☐ Parent ☐ Legal Guardian ☐ Other (describe): _____**3 Children Under 18 Years Old** (list from oldest to youngest)

a. Name: _____ Date of birth: _____

b. Name: _____ Date of birth: _____

c. Name: _____ Date of birth: _____

d. Name: _____ Date of birth: _____

☐ (Check here if you need more space. Write "DV-105, Children" at the top and attach it to this form.)**4 City and State Where Children Lived**a. Have all the children listed in **(3)** lived together for the last five years?☐ Yes (Complete section 4b.)☐ No (If no, do not complete the section below. Instead, use form DV-105(A)).

b. List where the child or children have lived for the last five years. Start with their current location.

Children lived with (check all that apply):

<u>Dates (month/year)</u>	<u>City, State, and Tribal Land</u>	<u>Me</u>	<u>Person in (2)</u>	<u>Other*</u>
From: _____ To present	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Check here if you want to keep your current location private. List the state only.				
From: _____ Until: _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
From: _____ Until: _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
From: _____ Until: _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
From: _____ Until: _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
From: _____ Until: _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other* (relationship to child): _____

This is not a Court Order.

5 History of Court Cases Involving Your Children

- a. Do you know about any other case involving any child listed in
- (3)**
- ?

- ☐ No
- ☐ Yes (*If yes, complete section below.*)

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

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

- b. Is there a current order for custody or visitation in effect?

- ☐ No
- ☐ Yes (*Complete the section below.*)

What did the judge order? (*Examples: who has custody of the children and what is the visitation schedule*)

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

Why do you want to change the order?

- c. If there is another parent or legal guardian besides you and the person in
- (2)**
- , complete the section below.

Name: _____ ☐ Parent ☐ Legal Guardian**This is not a Court Order.**

Orders a Judge Can Make to Protect Your Children

To ask for orders to protect your children, answer the questions below.

6 Do you want to limit where the person in (2) can travel with your children?☐ No☐ Yes (*Complete the section below*):

I ask the judge to order that the person in (2) must have written permission from me, or a court order, to take the children outside:

☐ The county of (*list*): _____☐ California☐ Other places (*list*): _____**7 Do you want the person in (2) to have access to the children's records or information?**☐ Yes☐ No (*Complete the section below*):

a. I ask the judge to order that the person in (2) **not** access or have access to the records or information for:

☐ All the children listed in (3)☐ Only the children listed here (*names*): _____

b. For the following records or information (*check all that apply*):

☐ Medical, dental, and mental health☐ School and daycare☐ Extracurricular activity, including summer camps and sports teams☐ Other (*describe*): _____

(If the judge makes this order, providers will not be able to release the protected information to the person in (2).)

8 Do you believe the person in (2) might abduct (kidnap) your children?☐ No

☐ Yes (To ask for orders to help prevent abduction, you must complete form DV-108, Request for Orders to Prevent Child Abduction, and attach it to this form.)

This is not a Court Order.

Child Custody

You can ask a judge to make custody orders for your children. There are two types of custody in California: legal and physical custody.

- **Legal custody** means the person that makes decisions about the child's health, education, and welfare.
- **Physical custody** means the person that the child regularly lives with.

For both types of custody, parents can share custody (joint) or one parent can have full custody (sole).

9 Do you want the judge to make child custody orders?

☐ No

☐ Yes (*Complete the section*):

Legal Custody (*check one*):

☐ Sole to me

☐ Sole to person in (2)

☐ Jointly (shared) by me and person in (2).

☐ Other (*describe*):

Physical Custody (*check one*):

☐ Sole to me

☐ Sole to person in (2)

☐ Jointly (shared) by me and person in (2).

☐ Other (*describe*):

Visitation (Parenting Time) with Children

You can ask a judge to make decisions about when your child spends time with the person (2). This is called parenting time or visitation. It means the schedule and exact times each parent spends with the child. If a parent does not get custody, that parent can have parenting time with the child if a judge believes it is safe and in the child's best interest. Answer the questions below to tell the judge what parenting time you want right now for person in (2). Any orders the judge makes are temporary for now. They last until the court date (about three weeks away). On your court date, the judge can change or extend the orders.

10 Do you want the person in (2) to have visits (parenting time) with the children?

☐ No, I ask the judge to order that person in (2) have no visits. (*Stop here. You have finished completing this form.*)

☐ Yes (*Go to (11).*)

11 Do you want visits with the children to be supervised (monitored) by a third-party?

(To learn about supervised visitations, go to: <https://selfhelp.courts.ca.gov/guide-supervised-visitation>.)

☐ Yes (*Go to (12).*)

☐ No (*Go to (13).*)

12 Details of Supervised (Monitored) Visits

(Complete a and b):

a. Who do you want to supervise the visits?

(Check one):

☐ Nonprofessional, like a trusted relative or friend (list name, if known): _____☐ Professional (list name, if known): _____Professional fees paid by: Me _____ % Person in **(2)** _____ % Other: _____ %

b. How often and how long should the visits be?:

(Check one):

☐ Once a week, for (number of hours): _____☐ Twice a week, for (number of hours): _____ each visit.☐ Other (describe): _____☐ Check here if you want to use the chart listed below for a schedule. _____**Schedule for Supervised Visits**(List the days and times the person in **(2)** should visit with the children.)

	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) _____

! If you completed **(12)**, you are done completing this form. Do not complete **(13)**.

13 Details of Unsupervised Visits

(Complete a and b):

- a. If the judge allows the person in (2) to have unsupervised visits with your children, you will have to tell the judge how you want to handle drop-off and pick-up of the children, also called child exchanges. Do you want child exchanges to be supervised by a third-party?

☐ No☐ Yes (Complete the section below):

Who do you want to supervise the exchanges? (Check one):

☐ Nonprofessional, like a trusted relative or friend (list name, if known): _____☐ Professional (list name, if known): _____

Professional fees paid by: Me _____ % Person in (2) _____ % Other: _____ %

- b. Describe the parenting time you want the person in (2) to have with the children.

(Use the lines or chart below to explain what days and times the person in (2) should visit with the children. Give details including when visits will happen, how often the visits should be, and who will be responsible for transporting the children.)

Schedule for Unsupervised Visits

	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) _____

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 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)

(SIGNATURE OF DECLARANT)

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)*: