



# SUPERIOR COURT OF STANISLAUS COUNTY

[www.stanct.org](http://www.stanct.org)

(209) 530-3100

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Mailing Address: P.O. Box 1098 Modesto, CA 95353

Self Help Center: 800 11<sup>th</sup> Street Room #220 Modesto, CA 95353

(PROVIDING ASSISTANCE TO PARTIES REPRESENTING THEMSELVES)

## DOMESTIC VIOLENCE RESTRAINED PERSON'S PACKET

All documents must be typed or printed legibly per Rules of Court 2.104, in blue or black ink.

This packet includes the necessary forms to respond to a temporary restraining order.

Judicial Council forms, local forms, and information are available in the Clerk's Office, the Stanislaus County Law Library located at 1101 13<sup>th</sup> Street, Modesto, CA and on the following websites:

- ☛ Stanislaus County Superior Court: [www.stanct.org](http://www.stanct.org)
- ☛ Stanislaus County – Local Forms: [www.stanct.org/Forms.aspx?id=3](http://www.stanct.org/Forms.aspx?id=3)
- ☛ Judicial Council's Self Help: [www.courts.ca.gov/selfhelp.htm](http://www.courts.ca.gov/selfhelp.htm)
- ☛ Judicial Council Forms: [www.courts.ca.gov/formsrules.htm](http://www.courts.ca.gov/formsrules.htm)
- ☛ Stanislaus County Law Library: [www.stanislauslawlibrary.org](http://www.stanislauslawlibrary.org)
- ☛ Free Interactive Electronic Forms Program: [www.icandocs.org/ca/california.html](http://www.icandocs.org/ca/california.html)
- ☛ California's Free Website for Legal Help: [www.lawhelpcalifornia.org](http://www.lawhelpcalifornia.org)
- ☛ Law Libraries, Websites, or Self-Help Legal Books: [www.courts.ca.gov/1091.htm](http://www.courts.ca.gov/1091.htm)

### REQUIRED FORMS:

- DV-120 - Response to Request for Domestic Violence Restraining Order
- DV-250 - Proof of Service By Mail

### NOTES:

If you are responding to an order regarding economic issues (example: child support or spousal support), you **MUST** file either an Income and Expense Declaration (**FL-150**) or a Financial Statement (**FL-155**). The Income and Expense Declaration is included in this packet. If your only source of income is TANF, SSI, or GA/GR or if you have applied for TANF, SSI, or GA/GR, the Financial Statement is available upon request. Both forms are accessible on the Judicial Council website listed above. The Income and Expense Declaration can be typed directly from the website and the calculations will be computed for you.

Parties are encouraged to review and comply with Local Rules regarding Family Law proceedings. Local Rules can be located on the following Superior Court website: [www.stanct.org](http://www.stanct.org).

Material distributed by the Superior Court Clerk's Office or Self Help Center **IS INTENDED FOR INFORMATIONAL AND EDUCATIONAL PURPOSES ONLY**. Such material is **NOT LEGAL ADVICE** and is not intended to be legal advice as to your specific case. **IT IS NOT INTENDED TO TAKE THE PLACE OF LEGAL ADVICE FROM AN ATTORNEY**. You are strongly urged to seek the advice of a licensed attorney before starting or completing your case in order to protect valuable legal rights that you may have, of which you may be unaware of. Please contact an attorney of your choice or contact the **LAWYERS REFERRAL SERVICE** of the **Stanislaus County Bar Association** at: (209) 571-5727 for a referral. The Clerk's Office cannot give you legal advice.

**What is a Domestic Violence Restraining Order?**

It is a court order that can help protect people who have been abused or threatened with abuse.

Abuse can be physical or emotional. It can be spoken or written.

**What does the order do?**

The court can order you to:

- Not contact or harm the protected person, including children or others listed as protected people
- Stay away from all protected people
- Not have any guns or ammunition
- Move out of the place that you share with the protected person
- Follow custody and visitation orders
- Pay child support
- Pay spousal support
- Obey property orders
- Follow other types of orders (listed on *Form DV-100*)

**Who can ask for a domestic violence restraining order?**

The person requesting the order must have a relationship with you:

- Someone you date or used to date
- Married, registered domestic partners, separated, engaged, or divorced
- Someone you live or lived with (more than just a roommate)
- A parent, grandparent, sibling, child, or grandchild related by blood, marriage, or adoption

**I've been served with a request for domestic violence restraining order. What do I do now?**

Read the papers very carefully. You must follow all the orders the judge made. The *Notice of Court Hearing* tells you when to appear in court. You should go to the hearing, if you do not agree to the orders requested. If you do not go to the hearing, the judge can make orders against you without hearing from you.

**What if I don't obey the order?**

The police can arrest you. You can go to jail and pay a fine. You must still follow the orders even if you are not a U.S. citizen. If you are worried about your immigration status, talk to an immigration lawyer.

**How long does the order last?**

If there is a *Temporary Restraining Order* in effect, it will last until the hearing date. At the hearing, the judge will decide whether to extend the order or cancel the order. The judge can extend the order for up to five years. Custody, visitation, child support, and spousal support orders can last longer than five years and they do not end when the restraining order ends.

**What if I don't agree with what the order says?**

You still must obey the orders until the hearing. If you do NOT agree with the orders the person is asking for, fill out [Form DV-120, Response to Request for Domestic Violence Restraining Order](#). After you fill out the form, file it with the court clerk and “serve” the form on the person asking for the restraining order. “Serve” means to have someone 18 years or older—**not you**—mail a copy to the other party. The person who serves your form must fill out [Form DV-250, Proof of Service by Mail](#). After Form DV-250 is completed, make sure it is filed with the court clerk. You will also have a chance at the hearing to tell your side of the story. For more information on how to prepare for the hearing, read [Form DV-520-INFO, Get Ready for the Restraining Order Court Hearing](#).

**Is there a cost to file my Response (Form DV-120)?**

No.

**What if I also have criminal charges against me?**

See a lawyer. Anything you say or write, including in this case, can be used against you in your criminal case.



**What if I have a gun or ammunition?**

If a restraining order is issued, you cannot own, possess, or have a gun, other firearm, or ammunition while the order is in effect. If you have a gun or other firearm in your immediate possession or control, you must sell it to, or store it with, a licensed gun dealer, or turn it in to a law enforcement agency. You must also prove to the court that you turned in or sold your gun. Read [Form DV-800-INFO](#), *How Do I Turn In, Sell, or Store My Firearms?*, for more information.

**Do I need a lawyer?**

You are not entitled to a free court-appointed lawyer for this case but having a lawyer represent you or getting legal advice from a lawyer is a good idea, especially if you have children. If you cannot afford a lawyer, you can represent yourself. There is free or low-cost help available in every county. For help, ask the court clerk how to find free or low-cost legal services and self-help centers in your area. You can also get free help with child support at your local family law facilitator's office.

**What if I do not speak English?**

When you file [Form DV-120](#), ask the court clerk if a court interpreter is available for your hearing. If an interpreter is not available, bring someone to interpret for you. Do NOT ask a child, a witness, or anyone to be protected by the order to interpret for you.

**What if I am deaf or hard of hearing?**

Assistive listening systems, computer-assisted real-time captioning, or sign language interpreter services are available if you ask at least five days before the proceeding. Contact the clerks' office or go to [www.courts.ca.gov/forms](http://www.courts.ca.gov/forms) for *Request for Accommodations by Persons With Disabilities and Response* ([Form MC-410](#)). (Civ. Code, § 54.8.)

**Can I use the restraining order to get divorced or terminate a domestic partnership?**

No. These forms will not end your marriage or registered domestic partnership. You must file other forms to end your marriage or registered domestic partnership.

**What if I have children with the other person?**

The judge can make temporary orders for child custody and visitation. If the judge makes a temporary order for child custody, the parent with custody may not remove the child from California before notice to the other parent and a court hearing. Read the order for any other restrictions. There may be some exceptions. Ask a lawyer for more information.

**What if I want to leave the county or state?**

You must still comply with the restraining order, including custody and visitation orders. The restraining order is valid anywhere in the United States.

**Will I see the person who asked for the order at the court hearing?**

Yes. Assume that the person who is asking for the order will attend the hearing. Do not talk to him or her unless the judge or that person's attorney says that you can. Any temporary restraining order made by the court is in effect until the end of the hearing.

**What if I need a restraining order against the other person?**

Do not use this form to request a domestic violence restraining order. For information on how to file your own restraining order, read [Form DV-505-INFO](#). You can also ask the court clerk about free or low-cost legal help.

**What if I am a victim of domestic violence?**

For a referral to a local domestic violence or legal assistance program, call the National Domestic Violence Hotline:

**1-800-799-7233**

**TDD: 1-800-787-3224**

It's free and private.

They can help you in more than 100 languages.

**For help in your area, contact:**

[Local information may be inserted]

**1 What is a firearm?**

A firearm is a

- Handgun
- Shotgun
- Rifle
- Assault Weapon

**2 If you own or have a firearm, you must:**

- Turn it in to local law enforcement, *or*
- Sell it to, or store it with, a licensed gun dealer.

**3 How do I sell or store my firearm?**

Find a licensed gun dealer in your area.

Look under “Firearms Dealers” in your local Yellow Pages or on the Internet. Make sure the dealer is licensed.

**4 How do I take my firearm to law enforcement?**

Call your local law enforcement agency to ask about their procedures. Take a copy of the restraining order with you. Go directly to the law enforcement agency. Do not go anywhere else with firearms in your vehicle!

**5 If I turn my firearm in to law enforcement, how long will they keep it?**

Ask the law enforcement agency.

**6 After I give my firearm to law enforcement, can I change my mind?**

Yes. You are allowed to make one sale through a licensed gun dealer. To do this, a licensed gun dealer must present a bill of sale to your local law enforcement agency. The law enforcement agency will give the licensed gun dealer the firearm you are selling.

**7 Do I have to pay the law enforcement agency to keep my firearm?**

You may have to pay the agency for keeping your firearm. Contact your local law enforcement agency and ask if a fee is charged. The agency will tell you how much you need to pay.

**8 Questions?**

Call your local law enforcement agency:  
*[insert local information here]*

**DO:**

- unload your firearm.
- put your firearm in the trunk.
- call ahead to the law enforcement agency.

**DO NOT:**

- bring a loaded firearm to the law enforcement agency.
- bring ammunition with the firearm when you turn it in.
- put your firearm in a locked glove compartment.
- bring a firearm to court.

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):		This is the Form Number
YOUR NAME HERE YOUR STREET ADDRESS HERE YOUR CITY, STATE, and ZIP CODE HERE  TELEPHONE NO.: E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name):		
IN PRO PER		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF		SAMPLE
STREET ADDRESS:		
MAILING ADDRESS:		
CITY AND ZIP CODE:		
BRANCH NAME:		COUNTY NAME HERE
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/CLAIMANT:		FILL THIS OUT EXACTLY AS THE INFORMATION APPEARS ON YOUR OTHER DOCUMENTS
INCOME AND EXPENSE DECLARATION		CASE NUMBER: COURT CASE NUMBER HERE

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

Attach copies of your pay stubs for last two months (black out social security numbers).

- a. Employer:
- b. Employer's address:
- c. Employer's phone number:
- d. Occupation:
- e. Date job started:
- f. If unemployed, date job ended:
- g. I work about \_\_\_\_\_ hours per week.
- h. I get paid \$ \_\_\_\_\_ gross (before taxes)  per month  per week  per hour.

FILL OUT YOUR EMPLOYER'S INFORMATION HERE. IF YOU DO NOT HAVE A JOB, GIVE THE INFORMATION FROM YOUR LAST JOB.

(If you have more than one job, attach an additional page for each job. Write "Question 1—Other Jobs" at the top of each page.) Provide the same information as above for your other jobs.

FILL OUT YOUR AGE AND WHAT GRADE IN SCHOOL YOU COMPLETED. IF YOU HAVE ANY SPECIAL LICENSES, FILL OUT THAT INFORMATION AS WELL.

2. Age and education

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

3. Tax information

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

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

(If you need more space to answer any questions on this form, attach an 8½-by-11-inch sheet of paper and write the question number before your answer.) Number of pages attached: \_\_\_\_\_

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

Date:

(TYPE OR PRINT NAME) (SIGNATURE OF DECLARANT)

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/CLAIMANT:	FILL THIS OUT EXACTLY AS THE INFORMATION APPEARS ON YOUR OTHER DOCUMENTS	CASE NUMBER:  COURT CASE NUMBER HERE
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Attach copies of your pay stubs for the last 12 months (Black out your name and address.) **YOU MUST ATTACH YOUR LAST TWO PAY STUBS. REMEMBER TO CROSS OUT YOUR SOCIAL SECURITY NUMBER.** Copy of your latest federal tax return to the court hearing. (Black out your name and address.)

5. **Income** (For average monthly, add up all income from 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 receive	_____	_____
e. Spousal support <input type="checkbox"/> from this marriage <input type="checkbox"/> from a different marriage	_____	_____
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 disability	_____	_____
j. Unemployment compensation.....	_____	_____
k. Workers' compensation.....	_____	_____
l. Other (military BAQ, royalty payments, etc.) (specify):.....	\$ _____	_____

**YOU MUST LIST ALL OF YOUR INCOME, BEFORE TAXES, IN THIS AREA**

**IN THIS COLUMN YOU WILL LIST WHAT YOU RECEIVED LAST MONTH FOR EACH SOURCE**

**IN THIS COLUMN YOU WILL LIST THE AVERAGE YOU RECEIVED FROM THE LAST 12 MONTHS FOR EACH SOURCE**

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):.....	\$ _____	_____

**YOU MUST LIST ALL OF YOUR INVESTMENT INCOME, BEFORE TAXES, IN THIS AREA**

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): \_\_\_\_\_

**IF YOU ARE SELF-EMPLOYED**

8.  **Additional income.** I received one-time income from \_\_\_\_\_ (specify source and amount): \_\_\_\_\_

**CHECK THIS BOX IF YOU RECEIVED A ONE-TIME SOURCE OF INCOME, LIKE LOTTERY OR INHERITANCE, AND WRITE WHERE YOU RECEIVE THE MONEY AND HOW MUCH YOU RECEIVED**

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

**CHECK THIS BOX IF YOU HAVE HAD A SIGNIFICANT CHANGE IN INCOME AND STATE WHAT THAT CHANGE WAS**

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 (specify and list monthly amount).....	\$ _____
d. Child support that I pay for child(ren).....	\$ _____
e. Spousal support that I pay by court order from a different marriage.....	\$ _____
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").....	\$ _____

**WRITE IN ANY DEDUCTIONS YOU PAID LAST MONTH FOR THE ITEMS LISTED**

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 estate and <input type="checkbox"/> personal property (specify and list market value minus the debts you owe).....	\$ _____

**STATE WHAT YOU HAVE IN YOUR SAVINGS AND CHECKING ACCOUNTS, ANY STOCKS, BONDS, AND/OR REAL/PERSONAL PROPERTY**

PETITIONER/PLAINTIFF: _____ RESPONDENT/DEFENDANT: _____ OTHER PARENT/CLAIMANT: _____	CASE NUMBER: _____ <b>COURT CASE NUMBER HERE</b>
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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

WRITE DOWN WHO LIVE WITH YOU, THEIR AGE AND RELATION TO YOU, HOW MUCH THEY MAKE BEFORE TAXES, AND WHETHER THEY PAY ANY EXPENSES FOR THE HOME

13. Average monthly expenses  Estimated expenses  Actual expenses  Proposed needs

a. Home: <ul style="list-style-type: none"> <li>(1) <input type="checkbox"/> Rent or <input type="checkbox"/> mortgage... \$ _____</li> <li style="margin-left: 20px;">If mortgage:</li> <li style="margin-left: 40px;">(a) average principal: \$ _____</li> <li style="margin-left: 40px;">(b) average interest: \$ _____</li> <li>(2) Real property taxes ..... \$ _____</li> <li>(3) Homeowner's or renter's insurance (if not included above) ..... \$ _____</li> <li>(4) Maintenance and repair ..... \$ _____</li> </ul> b. Health-care costs not paid by insurance... \$ _____ <li>c. Child care ..... \$ _____</li> <li>d. Groceries and household supplies ..... \$ _____</li> <li>e. Eating out ..... \$ _____</li> <li>f. Utilities (gas, electric, water, trash) ..... \$ _____</li> <li>g. Telephone, cell phone, and e-mail ..... \$ _____</li>	h. Laundry and cleaning ..... \$ _____ <li>i. Entertainment, gifts, and vacation ..... \$ _____</li> <li>j. Auto expenses and transportation (insurance, gas, repairs, bus, etc.) ..... \$ _____</li> <li>k. Insurance (life, accident, etc.; do not include auto, home, or health insurance)... \$ _____</li> <li>l. Savings and investments ..... \$ _____</li> <li>m. Charitable contributions ..... \$ _____</li> <li>n. Monthly payments listed in item 14 (itemize below in 14 and insert total here) .. \$ _____</li> <li>o. Other (specify): ..... \$ _____</li> <li>p. Amount of expenses paid by others ..... \$ _____</li>
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LIST ALL OF YOUR MONTHLY EXPENSES HERE FOR THE ITEMS LISTED

ADD UP ALL OF THE EXPENSES YOU LISTED FOR A TOTAL TO PUT HERE

WRITE HOW MUCH OF THE EXPENSES ARE PAID BY OTHERS

14. Installment payments and debts not listed

Paid to	For	Amount	Balance	Date of last payment
		\$	\$	
<div style="border: 1px solid red; padding: 5px; color: red;">LIST HERE ANY PAYMENTS YOU ARE MAKING FOR CAR LOANS, STUDENT LOANS, MORTGAGES, CREDIT CARDS, ETC., THE NAME OF THE COMPANY YOU ARE PAYING, HOW MUCH YOU PAY EACH MONTH, WHAT IS STILL OWED, AND THE DATE OF YOUR LAST PAYMENT</div>				
		\$	\$	

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 OF ATTORNEY) ▶ \_\_\_\_\_  
 (SIGNATURE OF ATTORNEY)



PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/CLAIMANT:	FILL THIS OUT EXACTLY AS THE INFORMATION APPEARS ON YOUR OTHER DOCUMENTS	CASE NUMBER: COURT CASE NUMBER HERE
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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.)

FILL OUT THIS PAGE ONLY IF YOU ARE PAYING CHILD SUPPORT

WRITE IN THE NUMBER OF CHILDREN UNDER 18 YOU ARE/WILL BE PAYING CHILD SUPPORT FOR AND HOW MUCH TIME EACH PARENT SPENDS WITH THEM

**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.)

CHECK WHETHER YOU DO OR DO NOT HAVE HEALTH INSURANCE FOR THE CHILDREN. IF YOU DO HAVE HEALTH INSURANCE, WRITE IN HOW MUCH YOU PAY, NOT HOW MUCH 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 (specify below): ..... \$ \_\_\_\_\_

WRITE IN ANY OTHER EXPENSES YOU PAY FOR THE CHILDREN

**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 (examples: fire, theft, other insured loss): ..... \$ \_\_\_\_\_
- c. (1) Expenses for my minor children who are from other relationships and are living with me: ..... \$ \_\_\_\_\_
- (2) Names and ages of those children (specify): \_\_\_\_\_

WRITE DOWN ANY EXTREME HARDSHIPS YOU HAVE IN THIS AREA. WRITE DOWN THE AMOUNT AND FOR HOW MANY MONTHS.

(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):**

# Yes, I need an Interpreter!

Sí, necesito un Intérprete!

**Name** (Nombre): \_\_\_\_\_

**Case Number** (Número de caso): \_\_\_\_\_

**Language/Dialect Spoken** (Que idioma/dialecto habla):

**Spanish (Español)**      **Dialecto:** \_\_\_\_\_

**Other:** \_\_\_\_\_      **Dialect:** \_\_\_\_\_

## Person requesting an Interpreter is:

Persona que solicita el intérprete es:

**Petitioner** (Solicitante)

**Respondent** (Demandado)

**Protected Person** (Persona Protegida)

**Restrained Person** (Persona Restringida)

**Other** (Otro): \_\_\_\_\_

**California Law Enforcement Telecommunications System (CLETS)  
Information Form**

- This form is submitted with the initial filing (*date*): \_\_\_\_\_
- This is an amended form (*date*): \_\_\_\_\_

**Important:** This form **MUST NOT** become part of the public court file. It is confidential and private.

Fill out as much of this form as you can and give it to the court clerk. If the court issues a restraining order, this form will provide law enforcement with information that will help them enforce it. If any of this information changes, fill out a new (amended) form.

**Case Number** (*if you know it*): \_\_\_\_\_

**1 Person to Be Protected** (*Name*): \_\_\_\_\_

Sex:  M  F Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Race: \_\_\_\_\_

Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mailing Address (*listed on restraining order*): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone (*optional*): \_\_\_\_\_

Vehicle (*Type, Model, Year*): \_\_\_\_\_ (*License Number and State*): \_\_\_\_\_

**2 Person to Be Restrained** (*Name*): \_\_\_\_\_

Sex:  M  F Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Race: \_\_\_\_\_

Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

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

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

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

Employer: \_\_\_\_\_

Occupation/Title: \_\_\_\_\_ Work Hours: \_\_\_\_\_

Driver's License Number and State: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Vehicle (*Type, Model, Year*): \_\_\_\_\_ (*License Number and State*): \_\_\_\_\_

Describe any marks, scars, or tattoos: \_\_\_\_\_

Other names used by the restrained person: \_\_\_\_\_

**3 Guns or Firearms** Describe any guns or firearms that you believe the person in **2** owns or has access to (*Number, types, and locations*):

\_\_\_\_\_

\_\_\_\_\_

**4 Other People to Be Protected**

<u>Name</u>	<u>Date of Birth</u>	<u>Sex</u>	<u>Race</u>	<u>Relation to Person in 1</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Additional persons to be protected are listed on Attachment 4.

**This is not a Court Order—Do not place in court file.**

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.

Fill in court name and street address:

**Superior Court of California, County of**  
**STANISLAUS**  
 1100 I STREET  
 P.O. BOX 1098  
 MODESTO, CA 95353

Fill in case number:

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

\_\_\_\_\_

**2 Your Name:****! Address where you can receive court papers**

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

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

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

**! Your contact information (optional)**

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

Email Address: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Your lawyer's information (if you have one)**

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

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

**3 Your Hearing Date (Court Date)**

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

**This is not a Court Order.**

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

**4 Information About You** (see 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 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.

**6 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?:

\_\_\_\_\_

**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)

- 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 all that apply below):

(1)  I agree to the order requested.

(2)  I do not agree to the order requested, because: \_\_\_\_\_

\_\_\_\_\_

(3)  I would agree to a different order (explain the orders that you would agree to, or use form DV-105):

\_\_\_\_\_

\_\_\_\_\_

Check here if you will complete form DV-105 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](http://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** **Guns, Other Firearms, or Ammunition** (see **29** on form DV-100)

If you were served with form DV-110, *Temporary Restraining Order*, you must turn in any guns or firearms in your immediate possession or control. You must file a receipt with the court from a law enforcement agency or a licensed gun dealer within 48 hours after you received form DV-110.

*Check all that apply*

- a.  I do not own or have any guns, firearms, or ammunition.
- b.  I have turned in my guns and firearms 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 my firearms (*check all that apply*):  
 is attached     has already been filed with the court.
- c.  I ask for an exemption from the firearms prohibition under Family Code section 6389(h) because (*explain*): \_\_\_\_\_

**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" 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.**

Clerk stamps date here when form is filed.

--

Fill in court name and street address:

**Superior Court of California, County of Stanislaus**  
 1100 I Street  
 PO Box 1098  
 Modesto, CA 95354

Court fills in case number when form is filed.

**Case Number:**

--

**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: \_\_\_\_\_

**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 you 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 law enforcement agent*

**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

PARTY WITHOUT ATTORNEY OR ATTORNEY STATE BAR NUMBER: NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (name):	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF STANISLAUS</b> STREET ADDRESS: 1100 I STREET MAILING ADDRESS: P.O. BOX 1098 CITY AND ZIP CODE: MODESTO, CA 95353 BRANCH NAME:	
PETITIONER: RESPONDENT: OTHER PARTY/PARENT/CLAIMANT:	
<b>INCOME AND EXPENSE DECLARATION</b>	CASE NUMBER:

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

Attach copies of your pay stubs for last two months (black out Social Security numbers).	a. Employer: b. Employer's address: c. Employer's phone number: d. Occupation: e. Date job started: f. If unemployed, date job ended: g. I work about _____ hours per week. h. I get paid \$ _____ gross (before taxes) <input type="checkbox"/> per month <input type="checkbox"/> per week <input type="checkbox"/> per hour.
--	--

(If you have more than one job, attach an 8 1/2-by-11-inch sheet of paper and list the same information as above for your other jobs. Write "Question 1 - Other Jobs" at the top.)

2. **Age and education**

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

3. **Tax information**

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

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

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

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

Date:

\_\_\_\_\_ (TYPE OR PRINT NAME)      \_\_\_\_\_ (SIGNATURE OF DECLARANT)

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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**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 *(specify below)*: ..... \$ \_\_\_\_\_

**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 *(examples: fire, theft, other insured loss)* ..... \$ \_\_\_\_\_
- c. (1) Expenses for my minor children who are from other relationships and are living with me ..... \$ \_\_\_\_\_
- (2) Names and ages of those children *(specify)*: \_\_\_\_\_

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

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

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



# DV-250 Proof of Service by Mail

Clerk stamps date here when form is filed.

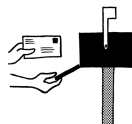
1 Name of Person Asking for Protection: \_\_\_\_\_

2 Name of Person to Be Restrained: \_\_\_\_\_

### 3 Notice to Server

The server must:

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



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

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

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

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

### 6 Server's Information

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_

If you are a registered process server:

County of registration: \_\_\_\_\_ Registration number: \_\_\_\_\_

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

Fill in court name and street address:

**Superior Court of California, County of**  
STANISLAUS  
1100 I STREET  
P.O. BOX 1098  
MODESTO, CA 95353

Fill in case number:

**Case Number:** \_\_\_\_\_