

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

Name	Date of Birth	Sex	Race	Relation to Person in 1
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

☐ Additional persons to be protected are listed on Attachment 4.

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