

## ADOPTION

**THE LAW DOES NOT ALLOW PERSONNEL OF THE OFFICE OF THE CLERK OF THE  
SUPERIOR COURT TO ASSIST IN THE SELECTION OR PREPARATION OF ANY  
FORMS OR TO ADVISE YOU AS TO ANY PROCEDURE TO BE FOLLOWED IN  
OBTAINING A JUDGMENT**

Attached are the forms usually necessary to commence an action for Adoption.

| <b>Form #</b> | <b>Title</b>  | <b>Number of Copies</b> |
|---------------|---|-------------------------|
| ADOPT-050     | How to Adopt a Child in California  | 1                       |
| ADOPT-200     | Adoption Request  | 1                       |
| ADOPT-210     | Adoption Agreement  | 1                       |
| ADOPT-215     | Adoption Order  | 1                       |
| ADOPT-230     | Adoption Expenses   | 1                       |
| AD-1A         | Parental Consent to Adoption (In California)  | 1                       |
| AD-1C         | Parental Consent to Adoption (Outside California)   | 1                       |
| AD-2          | Stepparent Adoption – Consent to Adoption by Parent Retaining Custody   | 1                       |
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| AD-2B         | Stepparent Adoption – Consent to Adoption by Parent Outside California<br>Giving Custody to Husband or Wife or Domestic Partner of Other Parent | 1                       |

**ALL FORMS MUST BE TYPED OR LEGIBLY PRINTED IN BLACK INK AND SIGNED.**  
Complete all forms in their entirety, i.e., all boxes checked as applicable; attachments attached, if applicable; and “NONE”, “NOT APPLICABLE”, or “UNKNOWN” typed in if required.

The following are additional forms that may be required.

|       |   |
|-------|---|
| AD-1F | Parental Consent to Adoption (Outside California in Armed Forces)   |
| AD-2D | Stepparent Adoption – Consent to Adoption by Parent Outside California in Armed<br>Forces Giving Custody to Husband or Wife or Domestic Partner of Other Parent |
| VS-44 | Court Report of Adoption  |



# ADOPT-050 How to Adopt a Child in California

In California, there are several kinds of adoption. Learn about stepparent/domestic partner adoptions on page 1 and independent, agency, and international adoptions and adoption of an Indian child on page 2.

## Stepparent/Domestic Partner Adoptions

If you want to adopt your stepchild or the child of your domestic partner, fill out and file the forms listed below. You can get them from the court clerk or from the California Courts Self-Help Center: [www.courtinfo.ca.gov/selfhelp](http://www.courtinfo.ca.gov/selfhelp).

### 1 Fill out court forms.

- |                                      |   |
|--------------------------------------|---|
| <input type="checkbox"/> ADOPT-200   | <i>Adoption Request</i>                       |
| <input type="checkbox"/> ADOPT-210   | <i>Adoption Agreement</i>                     |
|                                      |   |
| <input type="checkbox"/> ADOPT-215   | <i>Adoption Order</i>                         |
| <input type="checkbox"/> ICWA-010(A) | <i>Indian Child Inquiry Attachment</i>        |
| <input type="checkbox"/> ICWA-020    | <i>Parental Notification of Indian Status</i> |

- |  |
|--|
| This tells the judge about you and the child you are adopting.   |
| This tells the judge that you and the child, if over 12, agree to the adoption. Fill it out, but do not sign it until the judge asks you to sign it. |
| The judge signs this form if your adoption is approved.  |
| This lets the judge know that you have asked whether the child may have Indian ancestry.   |
| This proves that the child's parents have been asked about Indian ancestry.  |

### 2 Take your forms to court.

Take the completed forms to the court clerk in the county where you live. The court will charge a filing fee. Or, take the forms to your lawyer or adoption agency, if you are using one.

### 3 The social worker writes a report.

In every adoption, a social worker writes a report. This report gives important information to the judge about the adopting parents and the child. The social worker will ask you questions. You may have to fill out forms. You may be required to pay a fee for this report. The social worker will file the report with the court and send you a copy. When you get the report, ask the clerk for a date for your adoption hearing.

### 4 Go to court on the date of your hearing.

Bring:

- The child you are adopting
- Form ADOPT-210
- Form ADOPT-215
- A camera, if you want a photo of you and your child with the judge
- Friends/relatives (*optional*)

# ADOPT-050 How to Adopt a Child in California

## Independent, Agency, or International Adoptions

If this is an independent, agency, or international adoption, fill out and file the forms below. You can get them from the court clerk or from the California Courts Self-Help Center: [www.courtinfo.ca.gov/selfhelp](http://www.courtinfo.ca.gov/selfhelp).

### 1 Fill out court forms.

- ADOPT-200 *Adoption Request*
- ADOPT-210 *Adoption Agreement*
  
- ADOPT-215 *Adoption Order*
- ICWA-010(A) *Indian Child Inquiry Attachment*
- ICWA-020 *Parental Notification of Indian Status*

This tells the judge about you and the child you are adopting.  
This tells the judge that you and the child, if over 12, agree to the adoption. Fill it out, but do not sign it until the judge asks you to sign it.  
The judge signs this form if your adoption is approved.  
This lets the judge know that you have asked whether the child may have Indian ancestry.  
This proves that the child's parents have been asked about Indian ancestry.

### 2 The social worker writes a report.

In every adoption, a social worker writes a report. This report gives important information to the judge about the adopting parents and the child. The social worker will ask you questions. You may have to fill out forms. You may be required to pay a fee for this report. The social worker will file the report and send you a copy. When you get the report, ask the clerk for a date for your adoption hearing.

### 3 Go to court on the date of your hearing.

Bring:

- The child you are adopting
- Form ADOPT-210
- Form ADOPT-215
- Form ADOPT-230
- A camera, if you want a photo of you and your child with the judge
- Friends/relatives (*optional*)

### 4 Is this an "open" adoption?

If you want your child to have contact with his or her birth family, fill out ADOPT-310, which asks for an open adoption.

### 5 If you are adopting an Indian child

In addition to the forms listed in ①, fill out and bring:

- Form ADOPT-220 *Adoption of Indian Child*
- Form ADOPT-225 *Parent of Indian Child Agrees to End Parental Rights*

If you are adopting through a tribal customary adoption:

- Attach a copy of the tribal customary adoption order to *Adoption Request*, ADOPT-200
- Attach a copy of the tribal customary adoption order to the *Adoption Order*, ADOPT-215

# ADOPT-200 Adoption Request

Clerk stamps date here when form is filed.

If you are adopting more than one child, fill out an adoption request for each child.

1 Your name (adopting parent):

a. \_\_\_\_\_  
b. \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Street address: \_\_\_\_\_

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

Telephone number: (\_\_\_\_) \_\_\_\_\_

Lawyer (if any): (Name, address, telephone numbers, and State Bar number):  
\_\_\_\_\_  
\_\_\_\_\_

2 Type of adoption (check one):

- Agency (name): \_\_\_\_\_  
 Joinder has been filed.  Joinder will be filed.  
 Tribal customary adoption (attach tribal customary adoption order)  
 Independent  
 International (name of agency): \_\_\_\_\_  
 Stepparent  
 Relative

3 Information about the child:

- a. The child's new name will be: \_\_\_\_\_  
b.  Boy  Girl  
c. Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_  
d. Child's address (if different from yours):  
Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

e. Place of birth (if known):

City: \_\_\_\_\_  
State: \_\_\_\_\_ Country: \_\_\_\_\_

f. If the child is 12 or older, does the child agree to the adoption?  Yes  No

g. Date child was placed in your physical care:

4 Child's name before adoption: (fill out ONLY if this is an independent, a relative, a stepparent, or a tribal customary adoption.)

5 Does the child have a legal guardian?  Yes  No  
If yes, attach a copy of the Letters of Guardianship and fill out below:

- a. Date guardianship ordered: \_\_\_\_\_  
b. County: \_\_\_\_\_  
c. Case number: \_\_\_\_\_

6 Is the child a dependent of the court?  Yes  No  
If yes, fill out below:

Juvenile case number: \_\_\_\_\_  
County: \_\_\_\_\_

Fill in court name and street address:

Superior Court of California, County of \_\_\_\_\_

Fill in case number if known:

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

(To be completed by the clerk of the superior court if a hearing date is available.)

Hearing is set for:

**Hearing Date** → Date: \_\_\_\_\_  
Time: \_\_\_\_\_  
Dept.: \_\_\_\_\_ Room: \_\_\_\_\_

Name and address of court if different from above:  
\_\_\_\_\_  
\_\_\_\_\_

To the person served with this request: If you do not come to this hearing, the judge can order the adoption without your input.

Your name: \_\_\_\_\_

- 7** Child may have Indian ancestry:  Yes  No  
*If yes, attach Form ADOPT-220, Adoption of Indian Child.*

- 8** Names of birth parents, if known:  
 a. Mother: \_\_\_\_\_  
 b. Father: \_\_\_\_\_

**9 If this is an agency adoption**

- a. I have received information about the Adoption Assistance Program Regional Center and about mental health services available through Medi-Cal or other programs.  Yes  No
- b. All persons with parental rights agree that the child should be placed for adoption by the California Department of Social Services or a licensed adoption agency (Fam. Code, § 8700) and have signed a relinquishment form approved by the California Department of Social Services.  Yes  No (*If no, list the name and relationship to child of each person who has not signed the relinquishment form*): \_\_\_\_\_
- c. This is a tribal customary adoption under Welfare and Institutions Code section 366.24. Parental rights have been modified under and in accordance with the attached tribal customary adoption order, and the child has been ordered placed for adoption.

**10 If this is an independent adoption**

- a. A copy of the Independent Adoptive Placement Agreement, a California Department of Social Services form, is attached. (This is required in most independent adoptions; see Fam. Code, § 8802.)
- b. All persons with parental rights agree to the adoption and have signed the Independent Adoptive Placement Agreement, a California Department of Social Services form.  Yes  No  
*(If no, list the name and relationship to child of each person who has not signed the agreement form)*:
- c. I will file promptly with the department or delegated county adoption agency the information required by the department in the investigation of the proposed adoption.

**11 If this is a stepparent adoption**

- a. The birth parent (name): \_\_\_\_\_  has signed a consent  will sign a consent
- b. The birth parent (name): \_\_\_\_\_  has signed a consent  will sign a consent
- c. The adopting parents were married on **or** The domestic partnership was registered on (date): \_\_\_\_\_. (*For court use only. This does not affect social worker's recommendation. There is no waiting period.*)

- 12**  There is no presumed or biological father because the child was conceived by artificial insemination using semen provided to a medical doctor or a sperm bank. (Fam. Code, § 7613.)

**13 Contact after adoption**

Form ADOPT-310, *Contact After Adoption Agreement*,  is attached  will not be used  
 will be filed at least 30 days before the adoption hearing  is undecided at this time  
 This is a tribal customary adoption. Postadoption contact is governed by the attached tribal customary adoption order.

- 14**  The consent of the  birth mother  presumed father is not necessary because (*specify Fam. Code, § 8606 subdivision*): \_\_\_\_\_

- 15** A court ended the parental rights of (*attach copy of order*):

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_ on (date) \_\_\_\_\_  
 Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_ on (date) \_\_\_\_\_

Your name: \_\_\_\_\_

- 16** The child is the subject of a tribal customary adoption order under Welf. & Inst. Code, § 366.24, which has modified the parental rights of (*attach a copy of order*):

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_ on (date): \_\_\_\_\_  
 Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_ on (date): \_\_\_\_\_  
 Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_ on (date): \_\_\_\_\_

- 17**  I will ask the court to end the parental rights of (*attach copy of Petition to Terminate Parental Rights or Application for Freedom From Parental Custody, if filed*):

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
 Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

- 18** Each of the following persons with parental rights has not contacted his or her child in one year or more. (Fam. Code, § 8604(b).) (*Attach copy of Application for Freedom From Parental Custody, if filed.*)

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
 Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

- 19** Each of the following persons with parental rights has died:

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
 Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

**20** **Suitability for adoption**

Each adopting parent:

- a. Is at least 10 years older than the child      d. Has a suitable home for the child *and*  
 b. Will treat the child as his or her own      e. Agrees to adopt the child  
 c. Will support and care for the child

- 21**  I ask the court to approve the adoption and to declare that the adopting parents and the child have the legal relationship of parent and child, with all the rights and duties of this relationship, including the right of inheritance.

This is a tribal customary adoption. I ask the court to approve the adoption and to declare that the adopting parents and the child have the legal relationship of parent and child, with all of the rights and duties stated in the attached tribal customary adoption order and in accordance with Welf. & Inst. Code, § 366.24.

- 22** If a lawyer is representing you in this case, he or she must sign here:

Date: \_\_\_\_\_  
 Type or print your name

►  
 Signature of attorney for adopting parents

- 23** I declare under penalty of perjury under the laws of the State of California that the information in this form is true and correct to my knowledge. This means that if I lie on this form, I am guilty of a crime.

Date: \_\_\_\_\_  
 Type or print your name

►  
 Signature of adopting parent

Date: \_\_\_\_\_  
 Type or print your name

►  
 Signature of adopting parent



# ADOPT-210 Adoption Agreement

Clerk stamps date here when form is filed.

**1** Your name (adopting parent):

a. \_\_\_\_\_

b. \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Address (*skip this if you have a lawyer*):

Street: \_\_\_\_\_

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

Telephone number: (\_\_\_\_) \_\_\_\_\_

Lawyer (*if any*): (*Name, address, telephone number, and State Bar number*):  
\_\_\_\_\_

Fill in court name and street address:

**Superior Court of California, County of**

Fill in case number if known:

**Case Number:**

**2** Child's name before adoption: \_\_\_\_\_

Child's name after adoption: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_

**3** I am the child listed in **2** and I agree to the adoption. (*Sign at the hearing in front of the judge. Not required in the case of a tribal customary adoption under Welf. & Inst. Code, § 366.24.*)

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

Type or print your name

Signature of child (child must sign at hearing  
if 12 or older; optional if child is under 12)

**4** If there is only one adopting parent, read and sign below. Sign at the hearing in front of the judge.

a. I am the adopting parent listed in **1**, and I agree that the child will:

(1) Be adopted and treated as my legal child (*Fam. Code § 8612(b)*) and

(2) Have the same rights as a natural child born to me, including the right to inherit my estate.

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

Type or print your name

Signature of adopting parent (sign at hearing)

b. I am married to, or the registered domestic partner of, the adopting parent listed in **1**, and I agree to his or her adoption of the child.

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

Type or print your name

Signature of spouse or registered domestic partner  
(may be signed before hearing)

Your name: \_\_\_\_\_

**5** If there are two adopting parents, read and sign below. Sign at the hearing in front of the judge.

We are the adopting parents listed in ①, and we agree that the child will:

- (a) Be adopted and treated as our legal child (*Fam. Code. § 8612(b)*) and
- (b) Have the same rights as a natural child born to us, including the right to inherit our estate.

I agree to the other parent's adoption of the child.

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

Signature of adopting parent (sign at hearing)

I agree to the other parent's adoption of the child.

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

Signature of adopting parent (sign at hearing)

**6** If this is a tribal customary adoption, read and sign below. Sign at the hearing in front of the judge.

I/we are the adopting parents listed in ①, and I/we agree that the child will:

- a. Be adopted and treated as my/our legal child (*Fam. Code. § 8612(b)*) and
- b. Have the same rights and duties stated in the tribal customary adoption order dated \_\_\_\_\_ (copy attached).

If two adopting parents, we agree to the other parent's adoption of the child.

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

Signature of adopting parent (sign at hearing)

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

Signature of adopting parent (sign at hearing)

**7** For stepparent adoptions only:

If you are the legal parent of the child listed in ②, read and sign below. Sign at the hearing in front of the judge.

I am the legal parent of the child and am the spouse or registered domestic partner of the adopting parent listed in ①, and I agree to his or her adoption of my child.

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

Signature of legal parent (sign at hearing)

**8** Executed:

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

Judge (or Judicial Officer)

# ADOPT-215 Adoption Order

Clerk stamps date here when form is filed.

**1** Your name (*adopting parent*):

a. \_\_\_\_\_

b. \_\_\_\_\_

Relationship to child: \_\_\_\_\_

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

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

Daytime telephone number: (\_\_\_\_) \_\_\_\_\_

Lawyer (*if any*): (*Name, address, telephone number, and State Bar number*):  
\_\_\_\_\_  
\_\_\_\_\_

**2** Child's name after adoption:

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_

Place of birth: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_

**3** Name of adoption agency (*if any*): \_\_\_\_\_

**4** Hearing date: \_\_\_\_\_

Dept.: \_\_\_\_\_ Div.: \_\_\_\_\_ Rm.: \_\_\_\_\_ Judicial Officer: \_\_\_\_\_

Clerk's office telephone number: (\_\_\_\_) \_\_\_\_\_

**5** People present at the hearing:

Adopting parents  Lawyer for adopting parents

Child  Child's lawyer

Parent keeping parental rights: \_\_\_\_\_

Other people present (*list each name and relationship to child*):

a. \_\_\_\_\_

b. \_\_\_\_\_

*If there are more names, attach a sheet of paper, write "ADOPT-215, Item 5" at the top, and list the additional names and each person's relationship to child.*

**Judge will fill out section below.**

**6** The judge finds that the child (*check all that apply*):

a.  Is 12 or older and agrees to the adoption

b.  Is under 12

c.  This is a tribal customary adoption and the child's consent is not required.

Your name: \_\_\_\_\_

- 7** The judge has reviewed the report and other documents and evidence and finds that each adopting parent:
- a. Is at least 10 years older than the child
  - b. Will treat the child as his or her own
  - c. Will support and care for the child
  - d. Has a suitable home for the child *and*
  - e. Agrees to adopt the child

- 8**  This case is a relative adoption petitioned under Family Code section 8714.5.  
 The adopting relative     The child, who is 12 or older,    has requested that the child's name before adoption be listed on this order. (*Fam. Code, § 8714.5(g).*)

The child's name before adoption was:

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

- 9**  The child is an Indian child. The judge finds that this adoption meets the placement requirements of the Indian Child Welfare Act and that there is good cause to give preference to these adopting parents. The clerk will fill out **(13)** below.

- 10**  The judge approves the *Contact After Adoption Agreement* (ADOPT-310)  
 As submitted     As amended on ADOPT-310

- 11** This is a tribal customary adoption, The tribal customary adoption order of the \_\_\_\_\_ tribe dated \_\_\_\_\_ containing \_\_\_\_\_ pages and attached hereto is fully incorporated into this order of adoption.

- 12** The judge believes the adoption is in the child's best interest and orders this adoption.

The child's name after adoption will be:

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

The adopting parent or parents and the child are now parent and child under the law, with all the rights and duties of the parent-child relationship or, in the case of a tribal customary adoption, all the rights and duties set out in the tribal customary adoption order and Welfare and Institutions Code section 366.24.

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

  
 Judge (or Judicial Officer)
**Clerk will fill out section below.****13 Clerk's Certificate of Mailing**

For the adoption of an Indian child, the Clerk certifies:

I am not a party to this adoption. I placed a filed copy of:

- ADOPT-200, *Adoption Request*
- ADOPT-220, *Adoption of Indian Child*
- ADOPT-215, *Adoption Order*
- ADOPT-310, *Contact After Adoption Agreement*

in a sealed envelope, marked "Confidential" and addressed to:

Chief, Division of Social Services  
 Bureau of Indian Affairs  
 1849 C Street, NW  
 Mail Stop 310-SIB  
 Washington, DC 20240

The envelope was mailed by U.S. mail, with full postage, from:

Place: \_\_\_\_\_ on (date): \_\_\_\_\_

Date: \_\_\_\_\_ Clerk, by: \_\_\_\_\_, Deputy

If you are adopting your stepchild, do not fill out this form.

**1** Your name (adopting parent):

a. \_\_\_\_\_

b. \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Address (*skip this if you have a lawyer*):

Street: \_\_\_\_\_

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

Telephone number: (\_\_\_\_) \_\_\_\_\_

Lawyer (*if any*): (*Name, address, telephone number, and State Bar number*):  
\_\_\_\_\_

Clerk stamps date here when form is filed.

Fill in court name and street address:

**Superior Court of California, County of**

Fill in case number if known:

**Case Number:**

**2** Name of child after adoption:

\_\_\_\_\_

**3** List the services you received that were related to the adoption of the child listed in **(2)**:

| Service                           | Name and address of service provider | How much paid, or value of service | Payment date |
|-----------------------------------|--------------------------------------|------------------------------------|--------------|
| a. Hospital                       | _____                                | \$ _____                           | _____        |
| b. Prenatal care                  | _____                                | \$ _____                           | _____        |
| c. Legal fees paid                | _____                                | \$ _____                           | _____        |
| d. Adoption agency fee paid       | _____                                | \$ _____                           | _____        |
| e. Transportation                 | _____                                | \$ _____                           | _____        |
| f. Adoption facilitator fees paid | _____                                | \$ _____                           | _____        |

Your name: \_\_\_\_\_

| <b>Service</b>               | <b>Name and address of service provider</b> | <b>How much paid, or value of service</b> | <b>Payment date</b> |
|------------------------------|---|---|---------------------|
| g. Counseling fees paid      | _____                                       | \$ _____                                  | _____               |
| h. Adoption service provider | _____                                       | \$ _____                                  | _____               |
| i. Pregnancy expenses paid   | _____                                       | \$ _____                                  | _____               |
| j. Court filing fees paid    | _____                                       | \$ _____                                  | _____               |
| k. Fingerprinting fees paid  | _____                                       | \$ _____                                  | _____               |
| l. Other                     | _____                                       | \$ _____                                  | _____               |

If you need more space, attach a sheet of paper and write "ADOPT-230, Item 3—Payment for Services" at the top.  
 Number of pages attached: \_\_\_\_\_

- 4 I declare under penalty of perjury under the laws of the State of California that I have listed all payments (or anything of value) that I have paid or agreed to pay, or that were paid on my behalf, related to the child I want to adopt. I declare under penalty of perjury under the laws of the State of California that the information in this form is true and correct, which means that if I lie on this form, I am guilty of a crime.

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

► *Signature of adopting parent*

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

► *Signature of adopting parent*

**IN THE SUPERIOR COURT OF THE STATE OF CALIFORNIA  
IN AND FOR THE COUNTY OF \_\_\_\_\_**

In the Matter of the Petition of

Petitioner(s)

**PARENTAL CONSENT TO ADOPTION  
(In California)**

I/we, \_\_\_\_\_ being the parent(s) of \_\_\_\_\_ (Gender: M \_\_\_\_\_ F \_\_\_\_\_) \_\_\_\_\_  
Name of Child  
born on \_\_\_\_\_ in \_\_\_\_\_ give my/our full and absolute consent to the adoption of said child by \_\_\_\_\_  
Date of Birth Place of Birth

free consent to the adoption of said child by \_\_\_\_\_

Name(s) of Petitioner(s)

I/we understand that I/we may revoke this consent only during the thirty (30) day period beginning on the date I/we sign this consent and only if I/we have not waived my/our right to revoke the consent. I/we further understand that with the signing of the order of adoption by the court I/we shall give up all my/our rights of custody, services, and earnings of said child and I/we may not reclaim said child.

Signed in the presence of:

|   |
|---|
| SIGNATURE OF REPRESENTATIVE: CDSS or Delegated County Adoption Agency |
| CDSS DISTRICT OFFICE OR COUNTY OFFICE                                 |
| ADDRESS   |
| TELEPHONE NUMBER  |

|                     |
|---------------------|
| DATE                |
| SIGNATURE OF MOTHER |
| DATE                |
| SIGNATURE OF FATHER |
| FULL ADDRESS        |



**IN THE SUPERIOR COURT OF THE STATE OF CALIFORNIA  
IN AND FOR THE COUNTY OF \_\_\_\_\_**

In the Matter of the Petition of

Petitioner(s)

**PARENTAL CONSENT TO ADOPTION  
(Outside California)**

I/we, being the parent(s) of \_\_\_\_\_ (Gender: M \_\_\_\_\_ F \_\_\_\_\_)

Name of Minor Child

born on \_\_\_\_\_ in \_\_\_\_\_  
Date of Birth Place of Birth

give my/our full and free consent to the adoption of said child by \_\_\_\_\_

Name(s) of Petitioner(s)

I/we understand that I/we may revoke this consent only during the thirty (30) day period beginning on the date I/we sign this consent and only if I/we have not waived my/our right to revoke the consent. I/we further understand that with the signing of the order of adoption by the court I/we shall give up all my/our rights of custody, services, and earnings of said child and I/we may not reclaim said child.

Signed in the presence of:

**STATE OF** \_\_\_\_\_ )  
                        )  
**COUNTY OF** \_\_\_\_\_ )

|                     |
|---------------------|
| DATE                |
| SIGNATURE OF MOTHER |
| DATE                |
| SIGNATURE OF FATHER |
| FULL ADDRESS        |
|                     |
|                     |

On \_\_\_\_\_ before me, \_\_\_\_\_, a Notary Public

personally appeared \_\_\_\_\_ proved to me on the basis of satisfactory evidence  
(Name(s) Of Mother/Father)

be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

(Seal)

Signature

|   |
|---|
| SIGNATURE OF REPRESENTATIVE: CDSS or Delegated County Adoption Agency |
| CDSS DISTRICT OFFICE OR COUNTY OFFICE                                 |
| ADDRESS:  |
|   |
| TELEPHONE NUMBER:   |
|   |



*Original for Court Record  
Certified Copy for State Department of Social Services*

**IN THE SUPERIOR COURT OF THE STATE OF CALIFORNIA  
IN AND FOR THE COUNTY OF \_\_\_\_\_**

*In the Matter of the Petition of*

*Petitioner*



**STEPPARENT ADOPTION**

**Consent to Adoption by Parent  
Retaining Custody**

*I, the undersigned, being the parent of \_\_\_\_\_ give my full and  
Name of Minor  
free consent to the adoption of said child by \_\_\_\_\_ , who is  
Name of Petitioner (Stepparent)  
my husband/wife/domestic partner without relinquishing any of my rights, duties, obligations as his/her parent, and I respectfully ask  
that the petition be granted.*

*Said child was born on \_\_\_\_\_ in \_\_\_\_\_ and is the child  
Date \_\_\_\_\_ City and State \_\_\_\_\_*

*of \_\_\_\_\_ and \_\_\_\_\_  
Name of Legal Parent Name of Legal Parent*

*Date \_\_\_\_\_ 20 \_\_\_\_\_ Signature of Parent*

*Signed in the presence of*

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

\* The Clerk of the Superior Court, the Probation Officer, or, where stepparent investigations are delegated to County Welfare Departments, a County Welfare Department Staff member may witness.

This form for use only when person giving consent is husband or wife of petitioner or domestic partner, as defined in Family Code Section 297, of petitioner.

Original for court record, certified copy to be sent immediately to California Department of Social Services, Sacramento.



*Original for Court Record*

**IN THE SUPERIOR COURT OF THE STATE OF CALIFORNIA  
IN AND FOR THE COUNTY OF \_\_\_\_\_**

*In the Matter of the Petition of**Petitioner*

**STEPPARENT ADOPTION**

*Consent to Adoption by Parent in California  
Giving Custody to Husband or Wife  
or Domestic Partner of Other Parent*

*I, the undersigned, being the parent of \_\_\_\_\_* \_\_\_\_\_ *Name of Child*  
*do hereby give my full and free consent to the adoption of said child by*

*Name of Petitioner (Stepparent)*

*the petitioner herein, it being fully understood by me that with the signing of this document my consent may not be withdrawn except with court approval, and that with the signing of the order of adoption by the court, I shall give up all my rights of custody, services, and earnings of said child, and that said child cannot be reclaimed by me.*

*Said child was born on \_\_\_\_\_ in \_\_\_\_\_* \_\_\_\_\_ *City and State*

*and is the child of \_\_\_\_\_* \_\_\_\_\_ *Name of Birth Parent* *and \_\_\_\_\_* \_\_\_\_\_ *Name of Birth Parent*

*DATE* \_\_\_\_\_ *20* \_\_\_\_\_

*Signature of Parent**Signed in the presence of**\*Title*

*\*The Clerk of the Superior Court, the Probation Officer, or, where stepparent investigations are delegated to County Welfare Departments, a County Welfare Department Staff member may witness.*

**NOTICE TO THE BIRTH PARENT WHO CONSENTS TO THE CHILD'S ADOPTION:** If you or your child lived together at any time as parent and child, the adoption of your child by a stepparent does not affect the child's right to inherit your property or the property of blood relatives. For further information regarding this right of inheritance, you should consult an attorney at your own expense.

*This form to be used only when parent is giving custody of the child to the husband or wife or domestic partner, as defined in Family Code Section 297, of other parent. Original for court record.*



***In the Superior Court of the State of California  
in and for the County of \_\_\_\_\_***

*In the Matter of the Petition of*



**STEPPARENT ADOPTION**

***Consent to Adoption by Parent Outside  
California Giving Custody to Husband or  
Wife or Domestic Partner of Other Parent***

Petitioner

*I, the undersigned, being the parent of \_\_\_\_\_ do  
hereby give my full and free consent to the adoption of said child by*

\_\_\_\_\_  
Name of Petitioner (Stepparent)

*the petitioner herein, it being fully understood by me that with the signing of this document my consent may not be withdrawn except with court approval, and that with the signing of the order of adoption by the court, I shall give up all my rights of custody, services, and earnings of said child, and that said child cannot be reclaimed by me.*

*Said child was born on \_\_\_\_\_ in \_\_\_\_\_ and is  
Date \_\_\_\_\_ City and State \_\_\_\_\_  
the child of \_\_\_\_\_ and \_\_\_\_\_.  
Name of Birth Parent Name of Birth Parent  
Date \_\_\_\_\_ 20 \_\_\_\_\_.  
\_\_\_\_\_  
Signature of Parent*

*STATE OF \_\_\_\_\_ )  
County of \_\_\_\_\_ )*

*On \_\_\_\_\_ before me, \_\_\_\_\_, a Notary Public,  
personally appeared \_\_\_\_\_ <sup>Name of Parent</sup> proved to me on the basis of satisfactory evidence to  
be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the  
same in his/her authorized capacity, and that by his/her signature on the instrument the person, or the entity upon  
behalf of which the person acted, executed the instrument.*

*I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true  
and correct.*

*WITNESS my hand and official seal.*

\_\_\_\_\_  
*Signature* (Seal)

**NOTICE TO THE BIRTH PARENT WHO CONSENTS TO THE CHILD'S ADOPTION:** If you or your child lived together at any time as parent and child, the adoption of your child by a stepparent does not affect the child's right to inherit your property or the property of blood relatives. For further information regarding this right of inheritance, you should consult an attorney at your own expense.

*This form to be used only when parent is giving custody of the child to the husband or wife or domestic partner, as defined in Family Code Section 297, of other parent. Original for court record.*







## ALTERNATIVE DISPUTE RESOLUTION

**THE LAW DOES NOT ALLOW PERSONNEL OF THE OFFICE OF THE CLERK OF THE  
SUPERIOR COURT TO ASSIST IN THE SELECTION OR PREPARATION OF ANY  
FORMS OR TO ADVISE YOU AS TO ANY PROCEDURE TO BE FOLLOWED IN  
OBTAINING A JUDGMENT**

Attached is information on options for resolving disputes without going to trial.

| <b><u>Form #</u></b> | <b><u>Title</u></b>  | <b><u>Number of Copies</u></b> |
|----------------------|--|--------------------------------|
| N/A                  | Options for Resolving your Dispute   | 1                              |
| Clerk-CM100          | Request to Vacate or Continue Initial Case Management Conference and Order | 1                              |

**ALL FORMS MUST BE TYPED OR LEGIBLY PRINTED IN BLACK INK AND SIGNED.**

Complete all forms in their entirety, i.e., all boxes checked as applicable; attachments attached, if applicable; and “NONE”, “NOT APPLICABLE”, or “UNKNOWN” typed in if required.



# Alternative Dispute Resolution [ADR Packet]

## OPTIONS FOR RESOLVING YOUR DISPUTE

### There Are Alternatives to Going to Trial

Did you know that 95 percent of all civil cases filed in court are resolved without going to trial? Many people use processes other than trial to resolve their disputes. These alternative processes, known as Alternative Dispute Resolution or ADR, are typically less formal and adversarial than trial, and many use a problem-solving approach to help the parties reach agreement.

### Advantages of ADR

Here are some potential advantages of using ADR:

- **Save Time:** A dispute often can be settled or decided much sooner with ADR; often in a matter of months, even weeks, while bringing a lawsuit to trial can take a year or more.
- **Save Money:** When cases are resolved earlier through ADR, the parties may save some of the money they would have spent on attorney fees, court costs, and expert's fees.
- **Increase Control over the Process and the Outcome:** In ADR, parties typically play a greater role in shaping both the process and its outcome. In most ADR processes, parties have more opportunity to tell their side of the story than they do at trial. Some ADR processes, such as mediation, allow the parties to fashion creative resolutions that are not available in a trial. Other ADR processes, such as arbitration, allow the parties to choose an expert in a particular field to decide the dispute.
- **Preserve Relationships:** ADR can be a less adversarial and hostile way to resolve a dispute. For example, an experienced mediator can help the parties effectively communicate their needs and point of view to the other side. This can be an important advantage where the parties have a relationship to preserve.
- **Increase Satisfaction:** In a trial, there is typically a winner and a loser. The loser is not likely to be happy, and even the winner may not be completely satisfied with the outcome. ADR can help the parties find win-win solutions and achieve their real goals. This, along with all of ADR's other potential advantages, may increase the parties' overall satisfaction with both the dispute resolution process and the outcome.
- **Improve Attorney-Client Relationships:** Attorneys may also benefit from ADR by being seen as problem-solvers rather than combatants. Quick, cost-effective, and satisfying resolutions are likely to produce happier clients and thus generate repeat business from clients and referrals of their friends and associates.

Because of these potential advantages, it is worth considering using ADR early in a lawsuit or even before you file a lawsuit.

### What Are the ADR Options?

The most commonly used ADR processes are mediation, arbitration, neutral evaluation, and settlement conferences.

#### Mediation

In mediation, an impartial person called a "mediator" helps the parties try to reach a mutually acceptable resolution of the dispute. The mediator does not decide the dispute but helps the parties communicate so they can try to settle the dispute themselves. Mediation leaves control of the outcome with the parties. The Monterey County Superior Court offers a Court-Directed Mediation Program.

**Cases for Which Mediation May Be Appropriate:** Mediation may be particularly useful when parties have a relationship they want to preserve. So when family members, neighbors, or business partners have a dispute, mediation may be the ADR process to use.

Mediation is also effective when emotions are getting in the way of resolution. An effective mediator can hear the parties out and help them communicate with each other in an effective and nondestructive manner.

**Cases for Which Mediation May Not Be Appropriate:** Mediation may not be effective if one of the parties is unwilling to cooperate or compromise. Mediation also may not be effective if one of the parties has a significant advantage in power over the other. Therefore, it may not be a good choice if the parties have a history of abuse or victimization.

### **Arbitration**

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In arbitration, a neutral person called an “arbitrator” hears arguments and evidence from each side and then decides the outcome of the dispute. Arbitration is less formal than a trial, and the rules of evidence are often relaxed.

Arbitration may be either “binding” or “nonbinding.” *Binding arbitration* means that the parties waive their right to a trial and agree to accept the arbitrator’s decision as final. Generally, there is no right to appeal an arbitrator’s decision in binding arbitration. *Nonbinding arbitration* means that the parties are free to request a trial if they do not accept the arbitrator’s decision. The Monterey County Superior Court offers a nonbinding judicial arbitration program.

**Cases for Which Arbitration May Be Appropriate:** Arbitration is best for cases where the parties want another person to decide the outcome of their dispute for them but would like to avoid the formality, time, and expense of a trial. It may also be appropriate for complex matters where the parties want a decision-maker who has training or experience in the subject matter of the dispute.

**Cases for Which Arbitration May Not Be Appropriate:** If parties want to retain control over how their dispute is resolved, arbitration, particularly binding arbitration, is not appropriate. In binding arbitration, the parties generally cannot appeal the arbitrator’s award, even if it is not supported by the evidence or the law. Even in nonbinding arbitration, if a party requests a trial and does not receive a more favorable result at trial than in arbitration, there may be penalties.

### **Neutral Evaluation**

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In neutral evaluation, each party gets a chance to present the case to a neutral person called an “evaluator.” The evaluator then gives an opinion on the strengths and weaknesses of each party’s evidence and arguments and about how the dispute could be resolved. The evaluator is often an expert in the subject matter of the dispute. Although the evaluator’s opinion is nonbinding, the parties typically use it as a basis for trying to negotiate a resolution of the dispute.

**Cases for Which Neutral Evaluation May Be Appropriate:** Neutral evaluation may be most appropriate in cases in which there are technical issues that require expertise to resolve or the only significant issue in the case is the amount of damages.

**Cases for Which Neutral Evaluation May Not Be Appropriate:** Neutral evaluation may not be appropriate when there are significant personal or emotional barriers to resolving the dispute.

### **Settlement Conference**

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Settlement conferences may be either mandatory or voluntary. In both types of settlement conferences, the parties and their attorneys meet with a judge or neutral person called a “settlement officer” to discuss possible settlement of their dispute. The judge or settlement officer does not make a decision in the case but assists the parties in evaluating the strengths and weaknesses of the case and in negotiating a settlement. Settlement conferences are appropriate in any case where settlement is an option. Mandatory settlement conferences are often held close to the date a case is set for trial.

|   |                    |              |       |       |
|---|--------------------|--------------|-------|-------|
| ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State bar number, and address):         |                    |              |       |       |
| TELEPHONE NO.:  | FAX NO. (Optional) |              |       |       |
| EMAIL ADDRESS (Optional):   |                    |              |       |       |
| ATTORNEY FOR (Name):  |                    |              |       |       |
| <b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF MONTEREY</b>                           |                    |              |       |       |
| MAILING ADDRESS: 1200 Aguajito Road   |                    |              |       |       |
| CITY AND ZIP CODE: Monterey, CA 93940   |                    |              |       |       |
| PLAINTIFF/PETITIONER:   |                    |              |       |       |
| DEFENDANT/RESPONDENT:   |                    |              |       |       |
| <b>Request to Vacate or Continue Initial Case Management Conference and Order</b> |                    | Case Number: |       |       |
| <b>A CASE MANAGEMENT CONFERENCE</b> is scheduled as follows:                      |                    |              |       |       |
| Date:   | Time:              | Dept.:       | Div.: | Room: |

- IF APPLICABLE, THIS REQUEST AND ORDER MUST BE FILED CONCURRENTLY WITH THE CASE MANAGEMENT STATEMENTS, WHICH ARE DUE NO LATER THAN 15 DAYS BEFORE THE INITIAL CASE MANAGEMENT CONFERENCE.
- PER LOCAL RULE 6.08(e), IF THE PARTIES DO NOT RECEIVE A SIGNED COPY OF THE ORDER GRANTING THE REQUEST, THEY MUST ATTEND THE CASE MANAGEMENT CONFERENCE.

Counsel and the parties certify that the initial Case Management Conference should be vacated or continued for the following reasons [circle one]:

1. All parties have appeared and agree to engage in the below ADR program [check  one]:
 

|  |  |
|--|--|
| <input type="checkbox"/> Court-Directed mediation        | <input type="checkbox"/> Private mediation   |
| <input type="checkbox"/> Nonbinding judicial arbitration | <input type="checkbox"/> Private arbitration |
| <input type="checkbox"/> Other: _____                    |  |
  
2. Case is concluded and judgment or dismissal has been entered as to all parties.
3. Case has settled; dismissal shall be filed on or before \_\_\_\_\_.
4. Case is at-issue and all parties agree that matter may be set for trial without the necessity of a Case Management Conference.
5. All defendants have not been served and the plaintiff has been granted an extension by the court until \_\_\_\_\_ to complete service on all defendants. Further Case Management Conference is requested.
6. A defendant has filed bankruptcy; case should be stayed pending the completion of bankruptcy. Plaintiff shall file a Supplemental Case Management Statement within ten (10) days of any action by the debtor or the Bankruptcy Court that would act as a lifting of said stay.
7. Case has been removed to Federal Court. Plaintiff shall file a Supplemental Case Management Statement within ten (10) days of any remand back to Superior Court or of any judgment or dismissal filed in the Federal Court.

**Request to Vacate or Continue Initial  
Case Management Conference and Order**

Case Number:

8. Plaintiff has obtained a default as to all defendants and will perfect the default by entry of court or clerk judgment in timely manner. Further Case Management Conference is requested.

9. All defendants have appeared and discovery is proceeding in a timely manner. For reasons set forth in the parties' Case Management Statements, the case should be designated (circle one) Category I, Category II or Category III. Parties anticipate case will be ready to set for trial as of \_\_\_\_\_ . Further Case Management Conference is requested.

10. Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_. Further Case Management Conference is requested.

Counsel for Plaintiff (*print name*)

Counsel for Defendant (*print name*)

Signature

Signature

Counsel for Plaintiff (*print name*)

Counsel for Defendant (*print name*)

Signature

Signature

*For additional parties, attach additional signature pages as needed.*

Good Cause appearing, **IT IS SO ORDERED** that the Case Management Conference set for \_\_\_\_\_ is vacated.

Supplemental Case Management Statements shall be filed as set forth in 6 or 7 above.

Receipt of Dismissal is set for \_\_\_\_\_.

Further Case Management Conference is set for \_\_\_\_\_. Parties shall file Case Management Statements prior to said hearing per Local Rule 6.08(e).

**PLAINTIFF MUST SERVE A COPY OF THIS ORDER ON ALL PARTIES.**

Dated: \_\_\_\_\_

*Judge of the Superior Court*

**PETITION FOR DISMISSAL**

**THE LAW DOES NOT ALLOW PERSONNEL OF THE OFFICE OF THE CLERK OF THE  
SUPERIOR COURT TO ASSIST IN THE SELECTION OR PREPARATION OF ANY  
FORMS OR TO ADVISE YOU AS TO ANY PROCEDURE TO BE FOLLOWED IN  
OBTAINING A JUDGMENT**

Attached are the forms usually necessary for a petition for dismissal.

| <b><u>Form #</u></b> | <b><u>Title</u></b>  | <b><u>Number of Copies</u></b> |
|----------------------|--|--------------------------------|
| SCR-180-Info         | Petition for Dismissal – Information and Instruction Sheet | 1                              |
| CR-180               | Petition for Dismissal                                     | 1                              |
| SCR-181              | Proof of Service – Petition for Relief                     | 1                              |
| SCR-182              | Financial Declaration – Confidential                       | 1                              |
| SCR-182S             | Financial Declaration – Confidential Spanish               | 1                              |
| CR-181               | Order for Dismissal  | 1                              |

**ALL FORMS MUST BE TYPED OR LEGIBLY PRINTED IN BLACK INK AND SIGNED.**  
Complete all forms in their entirety, i.e., all boxes checked as applicable; attachments attached, if applicable; and “NONE”, “NOT APPLICABLE”, or “UNKNOWN” typed in if required.





**SUPERIOR COURT OF CALIFORNIA, COUNTY OF MONTEREY**  
**Petition for Dismissal**  
**Information and Instruction Sheet**  
Penal Code § 1203.4 or 1203.4a

**Information – Felony/Misdemeanor:**

If you were convicted of a misdemeanor or a felony and were not sentenced to state prison and you have completed the terms of your sentence, you may petition for a dismissal pursuant to PC § 1203.4 or 1203.4a. Many criminal offenses can be dismissed from your record. Certain convictions are not eligible for dismissal: Any misdemeanor that is within the provisions of VC 42001(b); or any violation of the following: PC 286(c); PC 288; PC 288a(c); PC 288.5; PC 289(j) (PC § 1203.4(b) and (c)). The court charges a non-refundable processing fee for all petitions filed, whether or not the petition is granted (PC § 1203.4(d) and 1203.4a(c)).

**Penal Code § 1203.4 – Successful Completion of Probation**

After successful completion or early termination of probation, you may petition the court to dismiss the charges under Penal Code §1203.4. To be eligible for consideration pursuant to PC § 1203.4, you must not be serving a sentence for any offense, be on probation for any offense, or be charged with the commission of any offense. (You may petition the court for an early termination of probation by filing a Petition for Modification of Sentence. The judge, in the interest of justice, may grant an early termination of probation).

**Penal Code § 1203.4a - Not Placed on Probation**

If you were not placed on probation and more than one year has elapsed since the date of pronouncement of judgment and you did not serve a prison term, you may petition the court to dismiss the charges under Penal Code §1203.4a. To be eligible for consideration pursuant to PC § 1203.4a, you must have complied with the court sentence and you must not now be serving a sentence for any offense or be charged with the commission of any offense.

**Some of the Continuing Liabilities After the Petition Is Granted**

- **Disclosure** – Granting of the Petition does **not** relieve you from the obligation to disclose the conviction in response to any direct question contained in any questionnaire or application for public office, for licensure by any state or local agency, or for contracting with the California State Lottery but allows you to indicate “no” on most employment applications that ask whether you have been convicted of a crime.
- **DMV** – Granting of the Petition does **not** affect Department of Motor Vehicles (DMV) actions or future consequences for crimes involving operation of a motor vehicle.
- **Firearms** – Granting of the Petition does **not** permit you to own, possess, or have in your custody or control any firearm.
- **Sex Registration** - Granting of the Petition does **not** relieve you from any obligation to register under Penal Code §290.
- **Sealing** – Granting of the Petition does **not** seal your record, destroy or remove any entries from the court, law enforcement, Department of Justice or DMV. The case, including the conviction will remain public record.

**Processing Fee\*:**

The court may charge a non-refundable, administrative processing fee of \$150.00 for petitions filed pursuant to Penal Code § 1203.4(a) (probation completed) and \$60.00 for petitions filed pursuant to Penal Code § 1203.4a (not placed on probation).

*\*If you do not have the ability to pay the fee, you may file an SCR-182 Financial Declaration with the CR-180 Petition for Dismissal. The Court will process the Petition for Dismissal whether or not a fee is paid. The Court will make a determination of your ability to reimburse all or a portion of the cost. Such order will have the same force and effect as a judgment in a civil action and will be subject to execution.*

**Upon Granting the Petition, the Court Will Order That:**

- The conviction be set aside;
- A plea of not guilty be entered; and
- The case be dismissed pursuant to the applicable Penal Code § (§1203.4 or §1203.4a).

**This INFORMATION is for general use and is not intended as a complete statement of the laws and rules relating to relief granted under Penal Code §1203.4 and 1203.4a. For further information, you may refer to Penal Code §1203.4 and §1203.4a or you may wish to seek legal assistance.**

**INSTRUCTIONS:**

- Step 1:** Complete the CR-180 Petition for Dismissal and the SCR-181 Proof of Service form. (*Incomplete forms will not be processed and will be returned for correction.*) You will need the original and two copies: (1) Original - Court; (1) Copy - District/City Attorney; (1) Copy – your file.
- Step 2:** Serve (hand deliver or mail) a **Completed Copy of the Petition for Dismissal and Proof of Service** form to the District /City Attorney who prosecuted your case.
- Step 3:** File with the Clerk’s Office the **Original Petition for Dismissal and Proof of Service forms**. (Refer to Step 2.)
- Step 4:** Pay a non-refundable processing fee of \$150.00 for a Petition filed pursuant to Penal Code §1203.4 (probation completed) or \$60.00 for a Petition filed pursuant to Penal Code §1203.4a (not placed on probation.)



|  |  |                    |
|--|--|--------------------|
| ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):  |  | FOR COURT USE ONLY |
| TELEPHONE NO.:<br>E-MAIL ADDRESS (Optional):<br>ATTORNEY FOR (Name):   |  |                    |
| PEOPLE OF THE STATE OF CALIFORNIA<br>v.<br>DEFENDANT:  |  |                    |
| <b>PETITION FOR DISMISSAL</b><br>(Pen. Code, §§ 17, 1203.4, 1203.4a)   |  | CASE NUMBER:       |
| <b>DEFENDANT'S INFORMATION</b> <p>CII:<br/>DRIVER'S LIC #:<br/>SSN # (LAST FOUR DIGITS ONLY):<br/>DATE OF BIRTH:</p> |  |                    |

1. On (date): \_\_\_\_\_ the defendant in the above-entitled criminal action was convicted of a violation of section(s) (specify): \_\_\_\_\_ of the (specify): \_\_\_\_\_ Code.
2. The offense was a  misdemeanor  felony.  
Felony offense (Pen. Code, § 17):  
 The offense listed above is a felony that may be reduced to a misdemeanor under Penal Code section 17.
3.  Offense with probation granted (Pen. Code, § 1203.4):  
Probation was granted on the terms and conditions set forth in the docket of the above-entitled court; the defendant is not serving a sentence for any offense, nor on probation for any offense, nor under charge of commission of any crime, and the defendant (check one):
  - a.  has fulfilled the conditions of probation for the entire period thereof;
  - b.  has been discharged from probation prior to the termination of the period thereof; or
  - c.  should be granted relief in the interests of justice. (Please note: You must explain why granting a dismissal would be in the interests of justice by completing and attaching the optional Attached Declaration (form MC-031).)
4.  Offense with sentence other than probation (Pen. Code, § 1203.4a):  
 Probation was not granted; more than one year has elapsed since the date of pronouncement of judgment. The defendant has complied with the sentence of the court and is not serving a sentence for any offense nor under charge of commission of any crime, and since said pronouncement of judgment has lived an honest and upright life and conformed to and obeyed the laws of the land.

Petitioner requests that defendant be permitted to withdraw the plea of guilty, or that the verdict or finding of guilt be set aside and a plea of not guilty be entered and the court dismiss this action under section  1203.4 or  1203.4a of the Penal Code.

Petitioner requests that the felony charge be reduced to a misdemeanor under Penal Code section 17.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on: \_\_\_\_\_  
(DATE)

► \_\_\_\_\_  
(SIGNATURE OF PETITIONER OR ATTORNEY)

(ADDRESS, DEFENDANT)

(CITY)

(STATE)

(ZIP CODE)

Page 1 of 1



|   |                     |                    |
|---|---------------------|--------------------|
| <input type="checkbox"/> ATTORNEY:<br>DEFENDANT'S NAME AND MAILING ADDRESS  | Bar No.:            | FOR COURT USE ONLY |
| Telephone No.:  |                     |                    |
| <b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF MONTEREY</b>   |                     |                    |
| <input type="checkbox"/> Salinas Division – 240 Church Street, Salinas, CA 93901<br><input type="checkbox"/> King City Division – 250 Franciscan Way, King City, CA 93930 |                     |                    |
| The People of the State of California vs.   |                     |                    |
| , Defendant   |                     |                    |
| <b>PROOF OF SERVICE – PETITION FOR RELIEF PURSUANT PC 1203.4,<br/>PC1203.4a</b>   | <b>CASE NUMBER:</b> |                    |
| <input type="checkbox"/> <b>Personal Service</b><br><input type="checkbox"/> <b>Service By Mail</b>   |                     |                    |

**DIRECTIONS:** A copy of the Petition for Dismissal must be served upon the District Attorney or City Attorney who prosecuted your case. Mail or serve a **complete** copy of each page of the Petition for Dismissal with the Proof of Service to the District Attorney or City Attorney who prosecuted the case. When the petition has been served, the original may then be filed with the court.

1. Person serving. I am over the age of 18 and not a party to this action.  
 Name:  
 Address:  
 Telephone:
2. I served a copy of the Petition for Relief under Penal Code §1203.4/1203.4a as follows (check either a or b below):
  - a.  **Personal Service:** I personally delivered the Petition for Relief under Penal Code §1203.4/1203.4a to the person at the address listed below:
    - (1) Name of person served:
    - (2) Address where served:
    - (3) Date served:
    - (4) Time served:
  - b.  **Service by Mail:** I deposited the Petition for Relief under Penal Code §1203.4/1203.4a in the United States mail, in a sealed envelope with postage fully prepaid. The envelope was addressed as follows:
    - (1) Name of person served:
    - (2) Address:
    - (3) Date of Mailing:
    - (4) Place of Mailing (city and state):

3. I declare under penalty of perjury that the foregoing is true and correct and that this declaration was executed on:

Date \_\_\_\_\_ at (County) \_\_\_\_\_, California

\_\_\_\_\_  
Declarant's Signature

**PROOF OF SERVICE - PETITION FOR RELIEF UNDER PC1203.4, PC1203.4a**



|   |          |                    |
|---|----------|--------------------|
| <input type="checkbox"/> ATTORNEY:<br>DEFENDANT'S NAME AND MAILING ADDRESS  | Bar No.: | FOR COURT USE ONLY |
| Telephone No.:  |          |                    |
| <b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF MONTEREY</b>   |          |                    |
| <input type="checkbox"/> Salinas Division - 240 Church Street, Salinas, CA 93901<br><input type="checkbox"/> King City Division - 250 Franciscan Way, King City, CA 93930 |          |                    |
| The People of the State of California vs.   |          |                    |
| , Defendant   |          |                    |
| <b>FINANCIAL DECLARATION – CONFIDENTIAL</b>   |          | CASE NUMBER:       |
| <input type="checkbox"/> Petition for Dismissal PC 1203.4 - Probation completed<br><input type="checkbox"/> Petition for Dismissal PC 1203.4a – Not placed on probation   |          | PETITION FEE \$    |

1. Defendant's Name: \_\_\_\_\_ Other Names: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Married: (    YES    NO) Spouse Name: \_\_\_\_\_

2. Defendant's Present Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Gross pay per month: \$ \_\_\_\_\_ Spouse's Gross pay per month: \$ \_\_\_\_\_

3. Family Bank Accounts: \_\_\_\_\_ Amount(s): \$ \_\_\_\_\_

Available Cash: \$ \_\_\_\_\_ Spouse's Cash Assets: \$ \_\_\_\_\_

4. Own Real Estate (    YES    NO) Address: \_\_\_\_\_

Address: \_\_\_\_\_ Value(s): \$ \_\_\_\_\_

Autos (Year, Make, Model) \_\_\_\_\_

5. Dependents:

| Name | Address | Relationship | Age |
|------|---------|--------------|-----|
|      |         |              |     |
|      |         |              |     |
|      |         |              |     |

6. **COMPLETE EACH LINE - This Financial Declaration will be used to determine your ability to pay a portion or all of fees. The Court will order you to pay all or part of such fees it determines you are able to pay. Such an order will have the same force and effect as a judgment in a civil action and will be subject to execution.**

7. I declare under penalty of perjury that the foregoing is true and correct and I understand the notice contained in item 6 above and that this declaration was executed on:

Date \_\_\_\_\_ at (County) \_\_\_\_\_, California.

\_\_\_\_\_  
Defendant's Signature

**FOR COURT USE ONLY:**

ORDER: Request for waiver of fees:

Granted     Denied     Partial amount ordered     Set for hearing on \_\_\_\_\_

The defendant is ordered to pay fees in the amount of \$ \_\_\_\_\_ by \_\_\_\_\_.  
*(Indicate total or partial amount)*

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

Judge of the Superior Court



|   |          |                                |
|---|----------|--------------------------------|
| <input type="checkbox"/> ABOGADO:<br>NOMBRE Y DIRECCION DEL DEMANDADO   | Bar No.: | FOR COURT USE ONLY             |
| Número de teléfono:   |          |                                |
| <b>CORTE SUPERIOR DE CALIFORNIA, CONDADO DE MONTEREY</b>  |          |                                |
| <input type="checkbox"/> División de Salinas – 240 Church Street, Salinas, CA 93901<br><input type="checkbox"/> División de King City – 250 Franciscan Way, King City, CA 93930           |          |                                |
| El Pueblo del Estado de California vs.  |          |                                |
| , Demandado   |          |                                |
| <b>DECLARACION FINANCIERA - CONFIDENCIAL</b>  |          | <b>NUMERO DE CASO:</b>         |
| <input type="checkbox"/> Petición de Despido PC 1203.4 – Libertad Condicional Completa<br><input type="checkbox"/> Petición de Despido PC 1203.4a – No fue puesto en Libertad Condicional |          | <b>COSTO DE LA PETICION \$</b> |

1. Nombre del Demandado: \_\_\_\_\_ Otros Nombres: \_\_\_\_\_  
Domicilio: \_\_\_\_\_  
Fecha de Nacimiento: \_\_\_\_\_ Número de Teléfono: \_\_\_\_\_ Licencia de Conducir: \_\_\_\_\_  
Número de Seguro Social: \_\_\_\_\_ Casado: ( \_\_\_ SI \_\_\_ NO) Nombre del Cónyuge: \_\_\_\_\_
  2. Patrón Actual del Demandado: \_\_\_\_\_  
Dirección del Patrón: \_\_\_\_\_  
Salario Mensual Bruto: \$ \_\_\_\_\_ Salario Mensual Bruto del Cónyuge: \$ \_\_\_\_\_
  3. Cuentas Bancarias: \_\_\_\_\_ Cantidad (es): \$ \_\_\_\_\_  
Efectivo Disponible: \$ \_\_\_\_\_ Efectivo disponible del Cónyuge: \$ \_\_\_\_\_
  4. Posee Bienes Raíces? ( \_\_\_ SI \_\_\_ NO) Dirección: \_\_\_\_\_  
Dirección: \_\_\_\_\_ Valor: \$ \_\_\_\_\_  
Vehículos (Año, Marca, Modelo) \_\_\_\_\_
  5. Dependientes:  

| Nombre | Dirección | Parentesco | Edad |
|--------|-----------|------------|------|
|        |           |            |      |
|        |           |            |      |
|        |           |            |      |
  6. **COMPLETE CADA LINEA – Esta Declaración Financiera será usada para determinar su habilidad para pagar el costo parcial o total. La Corte determinará si usted es capaz de pagar los gastos y le ordenará pagar una parte o el total de los gastos. Esa orden tendrá la misma fuerza y efecto que un fallo civil y quedará sujeto a su ejecución.**
  7. Declaro bajo pena de perjurio que lo antedicho es verdadero y correcto y que entiendo el aviso contenido en el número 6 y que ésta declaración fue ejecutada :
- Fecha \_\_\_\_\_ en (Condado) \_\_\_\_\_, California.

\_\_\_\_\_  
Firma del Demandado

**PARA USO DE LA CORTE SOLAMENTE:**

ORDEN: Solicitud para suspensión de costos:

Concedida     Negada     Cantidad Parcial Ordenada     Audiencia programada: \_\_\_\_\_

Se ordena al demandado pagar costos en la cantidad de \$ \_\_\_\_\_ antes de \_\_\_\_\_.  
(Indicate total or partial amount)

Fecha: \_\_\_\_\_



|   |  |                    |
|---|--|--------------------|
| ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):                                     |  | FOR COURT USE ONLY |
| TELEPHONE NO.:<br>E-MAIL ADDRESS (Optional):<br>ATTORNEY FOR (Name):  |  |                    |
| PEOPLE OF THE STATE OF CALIFORNIA<br>v.<br>DEFENDANT:   |  |                    |
| <b>ORDER FOR DISMISSAL</b><br>(Pen. Code, §§ 17, 1203.4, 1203.4a)   |  | CASE NUMBER:       |
| <b>DEFENDANT'S INFORMATION</b><br>CII:<br>DRIVER'S LIC #:<br>SSN # (LAST FOUR DIGITS ONLY):<br>DATE OF BIRTH: |  |                    |

1.  The court denies the petition.
2.  The court grants the petition. The court finds from the records on file in this case, and from the foregoing petition, that the defendant is eligible for the relief requested.
3. a.  The court reduces the felony offense to a misdemeanor.  
b.  The court denies the request to reduce the felony offense to a misdemeanor.
4.  It is ordered that the plea, verdict, or finding of guilt in the above-entitled action be set aside and vacated and a plea of not guilty be entered and that the complaint be, and is hereby, dismissed.
5. If this order is granted under the provisions of Penal Code section 1203.4:
  - a. The defendant is required to disclose the above conviction in response to any direct question contained in any questionnaire or application for public office or for licensure by any state or local agency or for contracting with the California State Lottery.
  - b. Dismissal of the conviction does not permit a person prohibited from holding public office as a result of that conviction to hold public office.
  - c. The defendant may also be eligible to obtain a certificate of rehabilitation and pardon under the procedure set forth in Penal Code section 4852.01 et seq.
6. If the order is granted under the provisions of either Penal Code section 1203.4 or 1203.4a, the defendant is released from all penalties and disabilities resulting from the offense except as provided in Penal Code sections 12021 and 12021.1 and Vehicle Code section 13555. The dismissal does not permit a person to own, possess, or have in his or her control a firearm if prevented by Penal Code sections 12021 or 12021.1.
7. In addition, as required by Penal Code section 299(f), relief under Penal Code sections 17, 1203.4, or 1203.4a does *not* release defendant from the separate administrative duty to provide specimens, samples, or print impressions under the DNA and Forensic Identification Database and Data Bank Act (Pen. Code, § 295 et seq.) if defendant was found guilty by a trier of fact, not guilty by reason of insanity, or pled no contest to a qualifying offense as defined in Penal Code section 296(a).

Date: \_\_\_\_\_  
(JUDICIAL OFFICER)

FOR COURT USE ONLY

Page 1 of 1



## DOMESTIC VIOLENCE

**THE LAW DOES NOT ALLOW PERSONNEL OF THE OFFICE OF THE CLERK OF THE SUPERIOR COURT TO ASSIST IN THE SELECTION OR PREPARATION OF ANY FORMS OR TO ADVISE YOU AS TO ANY PROCEDURE TO BE FOLLOWED IN OBTAINING A JUDGMENT**

Attached are the forms usually necessary for obtaining a restraining order to prohibit domestic violence.

| <b>Form #</b> | <b>Title</b>  | <b>Number of Copies</b> |
|---------------|---|-------------------------|
| DV-500 Info   | Can a Domestic Violence Restraining Order Help Me                         | 1                       |
| Clerk-100DV   | How to Begin Your Domestic Violence Restraining Order                     | 1                       |
| DV-505-Info   | How Do I Ask for a Temporary Restraining Order?                           | 1                       |
| Clerk-101DV   | I Have Filed My Request For A Restraining Order – What Next               | 1                       |
| Clerk-110DV   | Restraining Order – Prior Cases Verification                              | 1                       |
| CLETS-001     | Confidential CLETS Information  | 1                       |
| DV-100        | Request for Domestic Violence Restraining Order                           | 1                       |
| DV-101        | Description of Abuse  | 1                       |
| DV-109        | Notice of Court Hearing   | 1                       |
| DV-110        | Temporary Restraining Order   | 1                       |
| DV-200        | Proof of Service  | 1                       |
| DV-200 Info   | What is Proof of Service  | 1                       |
| DV-120        | Response to Request for Domestic Violence Restraining Order               | 1                       |
| DV-120-Info   | How Can I Respond to a Request for Domestic Violence Restraining Order?   | 1                       |
| DV-250        | Proof of Service by Mail  | 1                       |
| DV-130        | Restraining Order After Hearing (Order of Protection)                     | 1                       |
| DV-105        | Request for Child Custody and Visitation Orders                           | 1                       |
| DV-140        | Child Custody and Visitation Order  | 1                       |
| DV-150        | Supervised Visitation Order   | 1                       |
| DV-115        | Request to Continue Court Hearing and Reissue Temporary Restraining Order | 1                       |
| DV-115-Info   | How to Ask for a New Hearing Date   | 1                       |
| DV-800        | Proof of Firearms Turned In or Sold                                       | 1                       |
| DV-800-Info   | How Do I Turn In or Sell my Firearms?                                     | 1                       |

**ALL FORMS MUST BE TYPED OR LEGIBLY PRINTED IN BLACK INK AND SIGNED.**

Complete all forms in their entirety, i.e., all boxes checked as applicable; attachments attached, if applicable; and “NONE”, “NOT APPLICABLE”, or “UNKNOWN” typed in if required.

**The following are additional forms that may be needed (Provided on request).**

|        |  |
|--------|--|
| FL-150 | Income and Expense Declaration                 |
| FL-155 | Financial Statement                            |
| FL-192 | Notice of Rights and Responsibilities          |
| FL-342 | Child Support Information and Order Attachment |
| MC-020 | Additional Page                                |



# DV-500-INFO Can a Domestic Violence Restraining Order Help Me?

## 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.

## Can I get a domestic violence restraining order?

You can ask for one if:

- A person has abused you or threatened to abuse you *and*
- You have one of the following relationships with that person: married, divorced, separated, registered domestic partnership, have a child together, dating or used to date, live together or used to live together\*;
- Or you are related within the second degree of affinity or consanguinity. This means: mother or mother-in-law, father or father-in-law, child or stepchild or legally adopted child, grandparent or grandparent-in-law, grandchild or grandchild-in-law, sister or sister-in-law, brother or brother-in-law, stepparent, daughter-in-law or son-in-law. The in-law must be through a current marriage. (See Family Code § 6211).

\* You have to regularly reside in the household.

## What is abuse?

Abuse means to intentionally or recklessly cause or attempt to cause bodily injury to you; or sexually assault you; or to place you or another person in reasonable fear of imminent serious bodily injury; or to molest, attack, hit, stalk, threaten, batter, harass, telephone, or contact you; or to disturb your peace; or destroy your personal property. Abuse can be spoken, written, or physical. (See Family Code §§ 6203, 6320).

## How soon can I get the order?

The judge will decide within one business day whether or not to make any temporary orders. Sometimes the judge decides sooner. Ask the clerk if you should wait or come back later to get copies of the *Notice of Court Hearing* (Form DV-109) and *Temporary Restraining Order* (Form DV-110).

## What if I don’t have the relationship necessary to qualify for a domestic violence restraining order?

There are other kinds of orders you can ask for:

- Civil harassment order (can be used for neighbors, roommates, cousins, uncles, and aunts)
- Dependent adult or elder abuse restraining order
- Workplace violence order

Ask the court clerk for the forms you need for these special kinds of orders, or visit [www.courts.ca.gov](http://www.courts.ca.gov). You may also want to talk to a lawyer.

## How will the restraining order help me?

The court can order the restrained person to:

- Not contact or go near you, your children, other relatives, or others who live with you
- Not have any guns or ammunition
- Move out of your house
- Obey child custody and visitation orders
- Pay child support
- Pay spousal support
- Obey orders about property

## How do I ask for a domestic violence restraining order?

The forms are available at any California courthouse or county law library or at: [www.courts.ca.gov/forms](http://www.courts.ca.gov/forms).

You may get assistance in completing and filing your request from the court’s self-help center or a legal aid association.

After completing the forms, give them to the clerk of the court. The clerk will write a hearing date on the *Notice of Court Hearing* (Form DV-109). If your request for temporary orders is granted, the clerk will also give you a copy of the *Temporary Restraining Order* (DV-110) signed by a judicial officer.

See Form DV-505-INFO, *How Do I Ask for a Temporary Restraining Order?* to know which forms you need and for steps to follow after you complete the forms.

**How long does the order last?**

If the judge makes a temporary order, it will last until the hearing date. At that time, the judge will decide to continue or cancel the order. The restraining order can last up to 5 years. Child custody, visitation, child support, and spousal support orders can last longer than 5 years and they do not end when the restraining order ends.

**How much does it cost?**

Nothing.

**How will the person to be restrained know about the order?**

Someone who is at least 18—not you or anyone else to be protected by the order—must “serve” (give) the person to be restrained a copy of the order in person. The sheriff or marshal will do it for free, but you have to ask. For help with service, ask the court clerk for form DV-200-INFO, *What Is “Proof of Personal Service”?* or visit [www.courts.ca.gov](http://www.courts.ca.gov).

**What if the restrained person doesn't obey the order?**

Call the police. The restrained person can be arrested and charged with a crime.

**Do I have to go to court?**

Yes. Go to court on the date the clerk gives you. If you do not, your order will end.

**Do I need a lawyer?**

Having a lawyer is always a good idea, especially if you have children, but it is not required. You are not entitled to a free court-appointed lawyer. Ask the court clerk about free and low cost legal services and domestic violence help centers in your county. You can also go to the Family Law Facilitator for help with child support.

**Do I need to bring a witness to the court hearing?**

No. But it helps to have proof of the abuse. You can bring:

- A written statement from a witness, made under oath
- Witnesses
- Photos
- Medical or police reports
- Damaged property
- Threatening letters, e-mails, or telephone messages

The judge may or may not let a witness speak at the hearing.

So if possible, you should bring their written statement under oath to the hearing. (*You can use Form MC-030, Declaration, for this purpose.*)

**Will I see the restrained person at the court hearing?**

If the restrained person comes to the hearing, yes. But that person does not have the right to speak to you. If you are afraid, tell the court officer. Read *Get Ready for the Court Hearing* (Form DV-520-INFO).

**Can I bring someone with me to court?**

Yes. You can bring someone to sit with you during the court hearing. But that person cannot speak for you in court. Only you or your lawyer (if you have one) can speak for you.

**What if I don't speak English?**

When you file your papers, ask the clerk if a court interpreter is available. If the interpreter is not available for your court date, bring someone to interpret for you. Do not ask a child, or anyone to be protected by the order, to interpret for you.

**What if I don't have a green card?**

You can get a restraining order even if you are not a U.S. citizen. If you are worried about deportation, talk to an immigration lawyer.

**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 clerk's 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). (Civil Code, § 54.8.)

**Can the restrained person and I agree to cancel the order?**

No. After the order is issued, only the judge can change or cancel it.

**Can I use the restraining order to get divorced or terminate a registered 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.

**Can the order stop the other parent from taking our children away?**

If you get a temporary restraining order that includes an order for custody, the parent with custody may not remove the child from California before notice to the other parent and a court hearing on the request to establish or modify custody. Read the order and Form DV-140, *Child Custody and Visitation Order*, if issued, for any other limits. There are some exceptions. Ask a lawyer.

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

The restraining order is valid anywhere in the United States. If you move out of California, contact the local police so they will know about your orders.

**Need more information?**

Ask the court clerk about free or low-cost legal help. 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.



**SUPERIOR COURT OF CALIFORNIA  
COUNTY OF MONTEREY**

**HOW TO BEGIN YOUR DOMESTIC VIOLENCE RESTRAINING ORDER**

**Step One:** Pick up your Domestic Violence restraining order packet from the clerk's office or download a copy of the Domestic Violence packet from the court website at [www.monterey.courts.ca.gov](http://www.monterey.courts.ca.gov). You may also download and fill out the individual forms from [www.courtinfo.ca.gov/forms](http://www.courtinfo.ca.gov/forms).

**Step Two:** Complete the following forms.

- **Confidential CLETS Information (DV-260)** – This form is confidential and is sent to the Sheriff to help with enforcement of the order and service.
- **Request For Order (DV-100)** – In this form you tell the court why you need the order. List in detail incidents of violence, threats of violence, or harassment, including the dates they occurred. If you have separated, include the date of separation. Attach form **DV-101 Description of Abuse** to provide more information to the court.
- **Child Custody, Visitation and Support Request (DV-105)** – If there are children between you and the Restrained Person attach this form to the *Request for Order*.
- **Temporary Restraining Order and Notice of Hearing (DV-110)** – In this form you check the boxes to receive temporary orders until the hearing. Hearings in Salinas are at 1:45 pm on Monday and in Monterey at 8:30 am on Thursday.
- **Child Custody and Visitation Order (DV-140)** – If you are requesting custody/visitation orders until the hearing; complete and attach this form to the *Temporary Restraining Order*.
- **Proof of Service (In Person) DV-200** – Insert your name and the restrained person's name and check boxes 4a, 4b, (if seeking custody orders) and 4g and any other boxes that apply. In 4g, list *DV-800 Proof of Firearm Turned in* and *DV-810 What Do I Do With My Gun or Firearm?* The person who gives a copy of the forms to the restrained person must complete the DV-200.
- **Answer and Firearm forms (DV-120, DV-800 and DV-810)** – File blank copies of these forms with your other documents
- **Restraining Order After Hearing (DV-130)** – Fill out this form just as you did the Temporary Restraining Order. The judge will sign this form after the hearing.

**Step Three:** Staple the forms together with the attachments as set forth above. File the forms with the Clerk's Office. You should check back to see if the judge signed the Temporary Order. The order should be ready within 24 hours. **Pick up a signed copy and keep it with you at all times.**

**Step Four: Service of the Forms** – The restrained person must be given (not mailed) a copy of the forms you filed and a blank answer form. If the person lives or works in the County of Monterey, the clerk may arrange for the police department to serve the papers. On the bottom of the Confidential CLETS Information form, insert the name of the police department. If you wish to arrange for service yourself, check the box showing that you will do so. The person who gives the restrained person a copy of the forms must give them a copy of all the documents filed, a blank answer and firearms forms and then complete the Proof of Service (DV-200) form. Important, please file the Proof of Service as soon as possible.



# DV-505-INFO How Do I Ask For a Temporary Restraining Order?

## 1 Use this form as a checklist.

(Look at the numbers at the top of your forms.)

- a. For a restraining order you need:

- DV-100 *Request for Domestic Violence Restraining Order*
- CLETS-001 (*Confidential CLETS Information*)
- DV-109 *Notice of Court Hearing*
- DV-110 *Temporary Restraining Order*

- b. If you have children with the person you want protection from, you also need:

- DV-105 *Request for Child Custody and Visitation Orders*
- DV-140 *Child Custody and Visitation Order*

- c. If you want child support or spousal support, you also need:

- FL-150\* *Income and Expense Declaration* or
- FL-155\* *Financial Statement (Simplified)*

\* Read Which Financial Form—FL-155 or FL-150? (Form DV-570) to know which one is right for you.

- d. Ask the clerk if your county has special forms or rules.

- e. There are other forms you will need later (*do not fill them out now*):

- DV-120 *Response to Request for Domestic Violence Restraining Order*
- DV-130 *Restraining Order After Hearing (Order of Protection)*
- DV-200 *Proof of Personal Service*

- 2 Fill out the forms you need and take them to the court clerk.** The clerk will give your forms to the judge. The judge will look at them and decide whether to make (“grant”) the temporary orders. Sometimes the judge will want to talk to you. If so, the clerk will tell you.

- 3 Find out if the judge made the temporary restraining orders.** Ask the clerk when to come back to see if the judge signed the order (Form DV-110). The judge must decide by the next business day. If the judge grants a temporary restraining order, check it carefully to see what the orders are. The judge might not order everything you requested. The court will set a hearing date on Form DV-109 whether or not the judge grants any temporary orders.

- 4 “File” the judge’s order.** The clerk will keep the original forms for the court and will file-stamp up to three copies for you. If you need more, you may make them yourself.

### What to do with your copies:

- Keep one copy with you, always. You may need to show it to the police.
- Keep another copy in a safe place.
- Give a copy to anyone else protected by the order.
- Take copies to places where the restrained person is ordered not to go (school, work, child care, etc.)
- Give a copy to the security officers in your apartment building and workplace.

Restraining orders get entered into CLETS, a statewide computer system that lets police know about your order. The court will send the order to law enforcement or CLETS for you.

## DV-109 Notice of Court Hea

### 1 Name of Person Asking for Ord

Your lawyer in this case (if you



# DV-505-INFO How Do I Ask For a Temporary Restraining Order?

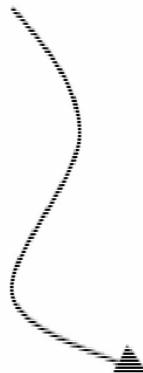
## 5 Know your hearing date: Form DV-109

Look at Form DV-109 for the date and time of your hearing.

You **must** go to your hearing to get a permanent order.

The order you have now only lasts for about three weeks. Any orders made on Form DV-110 (*Temporary Restraining Order*) will end on the hearing date.

You have the right to cancel the hearing. Read page 2 of Form DV-109 for information.



| DV-109 Notice of Court Hearing  |  |
|---|--|
| <b>① Name of Person Asking for Order:</b>   |  |
| Your lawyer in this case (if you have one): _____ State Bar No.: _____  |  |
| Name: _____ Firm Name: _____  |  |
| Address (If you have a lawyer for this case, give your lawyer's information. If you do not have a lawyer and want to keep your home address private, give a different mailing address instead. You do not have to give your telephone, fax, or e-mail): _____ |  |
| Address: _____ City: _____ State: _____ Zip: _____  |  |
| Telephone: _____ Fax: _____ E-Mail Address: _____   |  |
| <b>② Name of Person to Be Restrained:</b>   |  |
| The court will fill out the rest of this form.<br>A court hearing is scheduled on the request for restraining orders against the person in ②.   |  |
| Hearing Date  | Date: _____ Time: _____<br>Dept: _____ Room: _____ |
| Name and address of court if different from above:  |  |
| <b>③ Notice of Court Hearing</b>  |  |
| A court hearing is scheduled on the request for restraining orders against the person in ②.   |  |
| <b>④ Temporary Restraining Orders</b> (any orders granted are attached on Form DV-110)  |  |
| a. Temporary restraining orders for personal conduct, stay away, and protection of animals, as requested in Form DV-100, <i>Request for Domestic Violence Restraining Order</i> , are:  |  |
| (1) <input type="checkbox"/> All granted until the court hearing  |  |
| (2) <input type="checkbox"/> All denied until the court hearing (specify reasons for denial in (b))   |  |
| (3) <input type="checkbox"/> Partly granted and partly denied until the court hearing (specify reasons for denial in (b)).  |  |
| b. Requested temporary restraining orders for personal conduct, stay away, and protection of animals are denied because:  |  |
| (1) <input type="checkbox"/> The facts as stated in form DV-100 do not show reasonable proof of a past act or acts of abuse. (Family Code, §§ 6320 and 6320.5)  |  |
| (2) <input type="checkbox"/> The facts do not describe in sufficient detail the most recent incidents of abuse, such as what happened, the dates, who did what to whom, or any injuries or history of abuse.  |  |
| (3) <input type="checkbox"/> Further explanation of reason for denial, or reason not listed above:<br>_____   |  |
| <b>This is a Court Order.</b>   |  |
| Notice of Court Hearing<br>(Domestic Violence Prevention)   |  |
| DV-109, Page 1 of 3 →   |  |

## 6 "Serve" the restrained person.

Ask someone you know, a process server, or law enforcement to personally "serve" (give) the restrained person a copy of the notice of hearing, the order, and other papers. You **cannot** serve the papers yourself. They **cannot** be sent by mail. The server must:

- Be 18 years of age or older
- Not be listed in item ① or ③ of Form DV-100, *Request for Domestic Violence Restraining Order*.

Law enforcement will serve the orders for **free**, but you have to ask.

A "process server" is a business you pay to deliver court forms. Look in the Yellow Pages under "Process Serving."

If law enforcement or the process server uses a different Proof of Service form, make sure the form lists all the forms served.



*Don't serve it by mail!*

## 7 File the *Proof of Personal Service* (Form DV-200).

The *Proof of Personal Service* shows the judge and police that the restrained person got a copy of the request for orders. Make three copies of the completed *Proof of Personal Service*. Take the original and copies to the court clerk as soon as possible **before your hearing**. The clerk will keep the original and give you back the copies stamped "Filed." Bring a copy to your hearing.

Keep one copy with you and another in a safe place in case you need to show it to the police. Give the other copies out as you did in ④. The court will send your completed *Proof of Personal Service* to law enforcement or CLETS for you. CLETS is a statewide computer system that lets police know about your order.

- If the sheriff serves your order, he or she will send the *Proof of Personal Service* to the court and to CLETS for you.

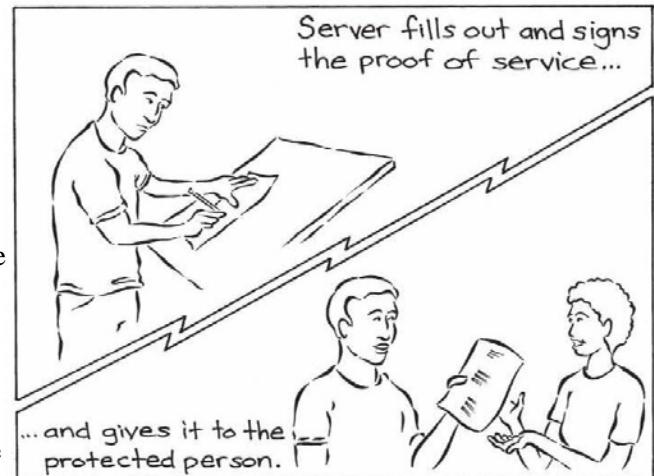
# DV-505-INFO How Do I Ask For a Temporary Restraining Order?

## 8 If the restrained person wasn't served . . .

The restrained person **must** be served before the hearing. If the restrained person wasn't served, fill out Form DV-115 (*Request to Continue Hearing and Reissue Temporary Restraining Order*) and the top of Form DV-116 (*Notice of New Hearing Date and Order on Reissuance*) to ask the judge for a new hearing date. Do this **before** or **at** your hearing. (If you wait until after the hearing, you have to start from the beginning and complete all of the forms again.)

If the judge signs Form DV-116, any restraining orders will last until the new hearing date.

- File the signed order (Form DV-116) with the clerk. The clerk will send it to law enforcement or CLETS for you.
- Attach Form DV-115 and Form DV-116 to your other court papers and have the restrained person personally served.
- After serving the orders, the server fills out and signs Form DV-200, *Proof of Personal Service*, and gives it to you.
- File the original Form DV-200, *Proof of Personal Service*, and bring a copy to your hearing.
- Bring a copy of Form DV-115 and Form DV-116 to your hearing.



## 9 Need help?

The clerk has information sheets that can help you. Or you can get them at: [www.courts.ca.gov/forms](http://www.courts.ca.gov/forms)

- *Can a Domestic Violence Restraining Order Help Me?* (DV-500-INFO)
- *What Is "Proof of Personal Service"?* (DV-200-INFO)
- *Get Ready for the Court Hearing* (DV-520-INFO)
- *How to Enforce Your Restraining Order* (DV-530-INFO)
- *How Can I Respond to a Request for Domestic Violence Restraining Order?* (DV-120-INFO)
- *How Do I Ask the Court to Renew My Restraining Order?* (DV-700-INFO)
- *Which Financial Form—FL-155 or FL-150?* (DV-570)

## 10 Need more help?

Ask the court clerk about free or low-cost legal help.

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.



**SUPERIOR COURT OF CALIFORNIA  
COUNTY OF MONTEREY**

**I HAVE FILED MY REQUEST FOR RESTRAINING ORDER – WHAT NEXT?**

**Step One: Keep a copy of the signed Temporary Restraining Order in your possession**

When you file your Request for Hearing it will be given to the Judge who will either:

- **Grant the Restraining Order:** This means the matter is set for a hearing **and** the terms of the Temporary Order will be in effect until the hearing.
- **Set the hearing only:** This means the matter is set for a hearing to consider a restraining order but **no** temporary orders were granted. You may wish to submit a supplemental declaration with additional information prior to the hearing.
- **Deny the Restraining Order:** The matter is denied and no hearing is set.

The Temporary Restraining Order will usually be signed either the same day or the next day and available for pickup at the Clerk's filing window. You or someone on your behalf can pick up your copy between 8:00 am and 4:00 pm. Keep it with you at all times in case you need to call the police.

**Step Two: Service of the Restraining Order on the Restrained Party**

A copy of the Temporary Restraining Order (DV-110), Request for Order (DV-100), Answer (DV-120), and Proof of Firearm Relinquishment (DV800) must be served (given) on the restrained person so that the restrained person knows the terms of the Temporary Restraining Order and the date of the hearing.

If the restrained person lives or works in the County of Monterey, you may ask the clerk to forward the documents for service by local law enforcement. See the prior instruction sheet on How to File Your Restraining Order.

If the Restrained Person lives out of Monterey County or you wish to arrange for service yourself give a copy of the documents to a person over the age of 18 and arrange for them to hand deliver a copy to the restrained person. After the documents are served have that person fill out the Proof of Service form. It is important to file this form with the Court as soon as possible.

**Step Three:** If there is any violation of the Temporary Restraining Order before the Hearing, report the matter to the police.

**Step Four: Attend the Hearing** – The date and time of hearing is on the first page of the Temporary Restraining Order. Bring your documents with you and a pen and paper to write down the decision of the judge. Plan to be there early so that you can locate the courtroom and be ready when the judge calls your case. The judge will make a decision and then call the next case. The judge will sign the order. Do not leave the courthouse until you have contacted the Family and Domestic Violence Court Coordinator to see if all the documents necessary have been filed with the court. You may pickup a copy of the Restraining Order After Hearing or Reissuance at the Clerk's filing window. **Note:** If the restrained person was not present at the hearing, the person will have to be served with a copy of the Restraining Order After Hearing. See the process in Step two above. It is very important that the Proof of Service form be filed once the Restraining Order After Hearing is served.

**Step Five: Keep a copy of the Restraining Order in your possession**



**SUPERIOR COURT OF CALIFORNIA  
COUNTY OF MONTEREY**

**Domestic Violence or Harassment Restraining Order Information Sheet**

**Case Title:** \_\_\_\_\_ v. \_\_\_\_\_ **Case Number:** DVH \_\_\_\_\_

**Restraining Order – Prior Cases Verification**

In order for the Court to review properly your restraining order request, you must provide information on any prior case(s) before the Court will commence action on your request. If you are aware of or believe that there may be prior filings on your behalf or on behalf of the person you are trying to have restrained, please list each case on this form and submit this completed form to the clerk at the time you present your request for a restraining order. If there are no prior filings of any type to your knowledge, please put a check mark in the box after "No Cases Found" below. Place the current date on the form and sign the form below.

The records index for this county is located on the second floor of the Clerk's Office in Monterey and on the third floor of the Clerk's Office in Salinas.

Cases in which you (petitioner) were a party: Example of type of cases include: Divorce, paternity, child support, criminal domestic violence. Include cases in this county or any other county or state.

**Case Number:**

**Case Title:**

**Type of Case:**

**County:**

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**No Cases Found**

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

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

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Type or Print Name

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Signature



**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.**



**DV-100**

# Request for Domestic Violence Restraining Order

You must also complete Form CLETS-001, Confidential CLETS Information and give it to the clerk when you file this Request.

Clerk stamps date here when form is filed.

**1 Name of person asking for protection:**

Age: \_\_\_\_\_

Your lawyer in this case (if you have one): \_\_\_\_\_

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

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

**Address** (If you have a lawyer for this case, give your lawyer's information. If you do not have a lawyer and want to keep your home address private, give a different mailing address instead. You do not have to give your 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**

Clerk fills in case number when form is filed.

**Case Number:**

**2 Name of person you want protection from:**

Description of person you want protection from:

|                           |                            |                            |               |               |                      |                  |
|---------------------------|----------------------------|----------------------------|---------------|---------------|----------------------|------------------|
| Sex:                      | <input type="checkbox"/> M | <input type="checkbox"/> F | Height: _____ | Weight: _____ | Hair Color: _____    | Eye Color: _____ |
| Race:                     |                            |                            |               | Age: _____    | Date of Birth: _____ |                  |
| Address (if known): _____ |                            |                            |               |               |                      |                  |
| City:                     |                            |                            |               | State: _____  | Zip: _____           |                  |

**3 Do you want an order to protect family or household members?**  Yes  No

If yes, list them:

| Full name | Sex   | Age   | Lives with you?              | Relationship to you               |
|-----------|-------|-------|------------------------------|-----------------------------------|
| _____     | _____ | _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No _____ |
| _____     | _____ | _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No _____ |
| _____     | _____ | _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No _____ |

Check here if you need more space. Attach a sheet of paper and write "DV-100, Protected People" for a title.

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

a.  We are now married or registered domestic partners.

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

c.  We live together.

d.  We used to live together.

e.  We are related by blood, marriage, or adoption (specify relationship): \_\_\_\_\_

f.  We are dating or used to date, or we are or used to be engaged to be married.

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

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Check here if you need more space. Attach a sheet of paper and write "DV-100, Children Under 18" for a title.

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

If you do not have one of these relationships, the court may not be able to consider your request. Read DV-500-INFO for help.

**This is not a Court Order.**



**5 Other Court Cases**

a. Have you or any other person named in item ③ been involved in another court case with the person in ②?

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

| <u>Kind of Case</u>   | <u>County or Tribe Where Filed</u> | <u>Year Filed</u> | <u>Case Number (if known)</u> |
|---|------------------------------------|-------------------|-------------------------------|
| <input type="checkbox"/> Divorce, Nullity, Legal Separation | _____                              | _____             | _____                         |
| <input type="checkbox"/> Civil Harassment                   | _____                              | _____             | _____                         |
| <input type="checkbox"/> Domestic Violence                  | _____                              | _____             | _____                         |
| <input type="checkbox"/> Criminal                           | _____                              | _____             | _____                         |
| <input type="checkbox"/> Juvenile, Dependency, Guardianship | _____                              | _____             | _____                         |
| <input type="checkbox"/> Child Support                      | _____                              | _____             | _____                         |
| <input type="checkbox"/> Parentage, Paternity               | _____                              | _____             | _____                         |
| <input type="checkbox"/> Other (specify): _____             | _____                              | _____             | _____                         |

Check here if you need more space. Attach a sheet of paper and write "DV-100, Other Court Cases" for a title.

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

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

**Check the orders you want.** **6  Personal Conduct Orders**

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

- a.  Harass, attack, strike, threaten, assault (sexually or otherwise), hit, follow, stalk, molest, destroy personal property, disturb the peace, keep under surveillance, or block movements
- b.  Contact, either directly or indirectly, in any way, including but not limited to, by telephone, mail or e-mail or other electronic means

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

**7  Stay-Away Order**

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

- |  |  |
|--|--|
| <input type="checkbox"/> Me                  | <input type="checkbox"/> My vehicle                          |
| <input type="checkbox"/> My home             | <input type="checkbox"/> The children's school or child care |
| <input type="checkbox"/> My job or workplace | <input type="checkbox"/> Each person listed in ③             |
| <input type="checkbox"/> My school           | <input type="checkbox"/> Other (specify): _____              |

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

**8  Move-Out Order**

*(If the person in ② lives with you and you want that person to stay away from your home, you must ask for this move-out order)*

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

I have the right to live at the above address because (explain): \_\_\_\_\_

**This is not a Court Order.**

**9 Guns or Other Firearms and Ammunition**

I believe the person in (2) owns or possesses guns, firearms, or ammunition.  Yes  No  I don't know  
*If the judge approves the order, the person in (2) will be ordered not to own, possess, purchase or receive a firearm or ammunition. The person will be ordered to sell to a gun dealer or turn in to law enforcement any guns or firearms that he or she owns or possesses.*

**10  Record Unlawful Communications**

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

**11  Animals: Possession and Stay-Away Order**

I ask for the sole possession, care, and control of the animals listed below. I ask the court to order the person in (2) to stay at least \_\_\_\_\_ yards away from and not take, sell, transfer, encumber, conceal, molest, attack, strike, threaten, harm, or otherwise dispose of the following animals: \_\_\_\_\_

I ask for the animals to be with me because: \_\_\_\_\_

**12  Child Custody and Visitation**

- a.  I do not have a child custody or visitation order and I want one.
- b.  I have a child custody or visitation order and I want it changed.

*If you ask for orders, you must fill out and attach Form DV-105, Request for Child Custody and Visitation Orders.*

*You and the other parent may tell the court that you want to be legal parents of the children (use Form DV-180, Agreement and Judgment of Parentage).*

**13  Child Support (Check all that apply):**

- a.  I do not have a child support order and I want one.
- b.  I have a child support order and I want it changed.
- c.  I now receive or have applied for TANF, Welfare, CalWORKS, or Medi-Cal.

*If you ask for child support orders, you must fill out and attach Form FL-150, Income and Expense Declaration or Form FL-155, Financial Statement (Simplified).*

**14  Property Control**

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

**15  Debt Payment**

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

Check here if you need more space. Attach a sheet of paper and write "DV-100, Debt Payment" for a title.  
 Pay to: \_\_\_\_\_ For: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Due date: \_\_\_\_\_

**16  Property Restraint**

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

**This is not a Court Order.**

**(17)  Spousal Support**

I am married to or have a registered domestic partnership with the person in (2) and no spousal support order exists. I ask the court to order the person in (2) to pay spousal support. (*You must fill out, file, and serve Form FL-150, Income and Expense Declaration, before your hearing.*)

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

I ask that the person in (2) pay some or all of my lawyer's fees and costs.

*You must complete, file and serve Form FL-150, Income and Expense Declaration before your hearing.*

**(19)  Payments for Costs and Services**

I ask the court to order the person in (2) to pay the following:

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

Pay to: \_\_\_\_\_ For: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Pay to: \_\_\_\_\_ For: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

**(20)  Batterer Intervention Program**

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

**(21)  Other Orders**

What other orders are you asking for? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Check here if you need more space. Attach a sheet of paper and write "DV-100, Other Orders" for a title.

**(22)  Time for Service (Notice)**

*The papers must be personally served on the person in (2) at least five days before the hearing, unless the court orders a shorter time for service. If you want there to be fewer than five days between service and the hearing, explain why below. For help, read Form DV-200-INFO, "What Is Proof of Personal Service?"*

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

**(23)  No Fee to Serve (Notify) Restrained Person**

*If you want the sheriff or marshal to serve (notify) the restrained person about the orders for free, ask the court clerk what you need to do.*

**(24) Court Hearing**

The court will schedule a hearing on your request. If the judge does not make the orders effective right away ("temporary restraining orders"), the judge may still make the orders after the hearing. If the judge does not make the orders effective right away, you can ask the court to cancel the hearing. Read Form DV-112, *Waiver of Hearing on Denied Request for Temporary Restraining Order* for more information.

This is not a Court Order.

**25 Describe Abuse**

Describe how the person in (2) abused you. Abuse means to intentionally or recklessly cause or attempt to cause bodily injury to you; or to place you or another person in reasonable fear of imminent serious bodily injury; or to molest, attack, hit, stalk, threaten, batter, harass, telephone, or contact you; or to disturb your peace; or to destroy your personal property. Abuse can be spoken, written, or physical. (For a complete definition, see Family Code §§ 6203, 6320).

a. Date of most recent abuse: \_\_\_\_\_

b. Who was there? \_\_\_\_\_

c. Describe how the person in (2) abused you or your children: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Check here if you need more space. Attach a sheet of paper and write "DV-100, Recent Abuse" for a title.

d. Did the person in (2) use or threaten to use a gun or any other weapon?  No  Yes (If yes, describe): \_\_\_\_\_

e. Describe any injuries: \_\_\_\_\_

f. Did the police come?  No  Yes

If yes, did they give you or the person in (2) an Emergency Protective Order?  Yes  No  I don't know  
*Attach a copy if you have one.*

The order protects  you or  the person in (2)

g. Has the person in (2) abused you (or your children) other times?

If yes,  check here and use Form DV-101, Description of Abuse or a sheet of paper to describe any previous abuse.

**26 Other Persons to Be Protected**

The persons listed in item (3) need an order for protection because (describe): \_\_\_\_\_  
 \_\_\_\_\_

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

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

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

Lawyer's name, if you have one

Sign your name

Lawyer's signature

**This is not a Court Order.**



This form is attached to DV-100, *Request for Domestic Violence Restraining Order*.

① Name of person asking for protection: \_\_\_\_\_

② Name of person you want protection from: \_\_\_\_\_

③ Describe the 2nd most recent abuse.

a. Date of 2nd most recent abuse: \_\_\_\_\_

b. Who was there? \_\_\_\_\_

c. Describe how the person in ② abused you or your children: \_\_\_\_\_

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

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e. Describe any injuries: \_\_\_\_\_

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f. Did the police or other law enforcement come?  No  Yes

If yes, did they give you or the person in ② an Emergency Protective Order?  Yes  No  I don't know  
The Emergency Protective Order protects  You  The person in ②

Attach a copy of the Emergency Protective Order if you have one.



**4** **Describe other recent abuse.**

a. Date of other recent abuse: \_\_\_\_\_

b. Who was there? \_\_\_\_\_

c. Describe how the person in **(2)** abused you or your children: \_\_\_\_\_

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

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e. Describe any injuries: \_\_\_\_\_

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f. Did the police or other law enforcement come?  No  Yes

If yes, did they give you or the person in **(2)** an Emergency Protective Order?  Yes  No  I don't know

The Emergency Protective Order protects  You  The person in **(2)**

*Attach a copy of the Emergency Protective Order if you have one.*

**5** **Describe other abuse against you or your children.**

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Check here if you need more space. Attach a sheet of paper and write "DV-101—Description of Abuse" for a title.

Clerk stamps date here when form is filed.

**1 Name of Person Asking for Order:**Your lawyer in this case (*if you have one*):

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

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

**Address** (*If you have a lawyer for this case, give your lawyer's information. If you do not have a lawyer and want to keep your home address private, give a different mailing address instead. You do not have to give your 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****2 Name of Person to Be Restrained:***The court will fill out the rest of this form.***3 Notice of Court Hearing****A court hearing is scheduled on the request for restraining orders against the person in ②.**

Name and address of court if different from above:

**Hearing Date**

→ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Dept.: \_\_\_\_\_ Room: \_\_\_\_\_

**4 Temporary Restraining Orders (any orders granted are attached on Form DV-110)**

a. Temporary restraining orders for personal conduct, stay away, and protection of animals, as requested in Form DV-100, *Request for Domestic Violence Restraining Order*, are:

- (1)  All **granted** until the court hearing
- (2)  All **denied** until the court hearing (*specify reasons for denial in (b)*):
- (3)  Partly **granted** and partly **denied** until the court hearing (*specify reasons for denial in (b)*):

b. Requested temporary restraining orders for personal conduct, stay away, and protection of animals are denied because:

- (1)  The facts as stated in form DV-100 do not show reasonable proof of a past act or acts of abuse. (Family Code, §§ 6320 and 6320.5)
- (2)  The facts do not describe in sufficient detail the most recent incidents of abuse, such as what happened, the dates, who did what to whom, or any injuries or history of abuse.
- (3)  Further explanation of reason for denial, or reason not listed above:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**This is a Court Order.**

**5 Service of Documents and Time for Service—for Person in ①**

At least  five or  \_\_\_ days before the hearing, someone age 18 or older—not you or anyone else to be protected—must personally give (serve) a court's file-stamped copy of this form (DV-109, *Notice of Court Hearing*) to the person in ② along with a copy of all the forms indicated below:

- a. Form DV-100, *Request for Domestic Violence Restraining Order*, (file-stamped) with applicable attachments
- b.  Form DV-110, *Temporary Restraining Order* (file-stamped) with applicable attachments **if granted by the judge**
- c. Form DV-120, *Response to Request for Domestic Violence Restraining Order* (blank form)
- d. Form DV-250, *Proof of Service by Mail* (blank form)
- e.  Other (specify): \_\_\_\_\_

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

*Judicial Officer***Right to Cancel Hearing: Information for the Person in ①**

- If item ④(a)(2) or ④(a)(3) is checked, the judge has denied some or all of the temporary orders you requested until the court hearing. The judge may make the orders you want after the court hearing. You can keep the hearing date, or you can cancel your request for orders so there is no court hearing.
- If you want to cancel the hearing, use Form DV-112, *Waiver of Hearing on Denied Request for Temporary Restraining Order*. Fill it out and file it with the court as soon as possible. You may file a new request for orders, on the same or different facts, at a later time.
- If you cancel the hearing, do not serve the documents listed in item ⑤ on the other person.
- If you want to keep the hearing date, you must have all of the documents listed in item ⑤ served on the other person within the time listed in item ⑤.
- At the hearing, the judge will consider whether denial of any requested orders will jeopardize your safety and the safety of children for whom you are requesting custody or visitation.
- You must come to the hearing if you want the judge to make restraining orders or continue any orders already made. If you cancel the hearing or do not come to the hearing, any restraining orders made on Form DV-110 will end on the date of the hearing.

**To the Person in ①**

- The court cannot make the restraining orders after the court hearing unless the person in ② has been personally given (served) a copy of your request and any temporary orders. To show that the person in ② has been served, the person who served the forms must fill out a proof of service form. Form DV-200, *Proof of Personal Service* may be used.
- For information about service, read Form DV-210-INFO, *What Is “Proof of Personal Service”?*
- If you are unable to serve the person in ② in time, you may ask for more time to serve the documents. Read Form DV-115-INFO, *How to Ask for a New Hearing Date*.

**This is a Court Order.**

**To the Person in ②**

- If you want to respond in writing, mail a copy of your completed Form DV-120, *Response to Request for Domestic Violence Restraining Order*, to the person in ① and file it with the court. You cannot mail Form DV-120 yourself. Someone age 18 or older—not you—must do it.
- To show that the person in ① has been served by mail, the person who mailed the forms must fill out a proof of service form. Form DV-250, *Proof of Service by Mail*, may be used. File the completed form with the court before the hearing and bring it with you to the hearing.
- For information about responding to a restraining order and filing your answer, read Form DV-120-INFO, *How Can I Respond to a Request for Domestic Violence Restraining Order?*.
- Whether or not you respond in writing, go to the court hearing if you want the judge to hear from you before making orders. You may tell the judge why you agree or disagree with the orders requested. You may bring witnesses and other evidence.
- **At the hearing, the judge may make restraining orders against you that could last up to five years.**
- **The judge may also make other orders about your children, child support, spousal support, money, and property and may order you to turn in or sell any firearms that you own or possess.**

**Request for Accommodations**

Assistive listening systems, computer-assisted real-time captioning, or sign language interpreter services are available if you ask at least five days before the hearing. Contact the clerk's 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). (Civil Code, § 54.8.)

*(Clerk will fill out this part.)*

**—Clerk's Certificate—**

*Clerk's Certificate*

[seal]

I certify that this *Notice of Court Hearing* is a true and correct copy of the original on file in the court.

Date: \_\_\_\_\_ Clerk, by \_\_\_\_\_, Deputy

**This is a Court Order.**



Clerk stamps date here when form is filed.

Person in ① must complete items ①, ②, and ③ only.

## ① Name of Protected Person:

Your lawyer in this case (if you have one):

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

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

**Address** (If you have a lawyer for this case, give your lawyer's information. If you do not have a lawyer and want to keep your home address private, give a different mailing address instead. You do not have to give your 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 \_\_\_\_\_

Clerk fills in case number when form is filed.

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

## ② Name of Restrained Person:

Description of restrained person:

Sex:  M  F Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Race: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

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

Relationship to protected person: \_\_\_\_\_

③  Additional Protected Persons

In addition to the person named in ①, the following persons are protected by temporary orders as indicated in items ⑥ and ⑦ (family or household members):

| Full name | Relationship to person in ① | Sex   | Age   |
|-----------|-----------------------------|-------|-------|
| _____     | _____                       | _____ | _____ |
| _____     | _____                       | _____ | _____ |
| _____     | _____                       | _____ | _____ |

 Check here if there are additional protected persons. List them on an attached sheet of paper and write, "DV-110, Additional Protected Persons" as a title.

The court will complete the rest of this form.

## ④ Expiration Date

This order expires at the date and time of the hearing below:

Hearing Date: \_\_\_\_\_ Time: \_\_\_\_\_  a.m.  p.m.

This is a Court Order.

**5**  **Criminal Protective Order**

- a.  A criminal protective order on Form CR-160, *Criminal Protective Order—Domestic Violence*, is in effect.  
 Case Number: \_\_\_\_\_ County: \_\_\_\_\_ Expiration Date: \_\_\_\_\_
- b.  No information has been provided to the judge about a criminal protective order.

**To the person in ②**

**The court has granted the temporary orders checked below. If you do not obey these orders, you can be arrested and charged with a crime. You may be sent to jail for up to one year, pay a fine of up to \$1,000, or both.**

**6 Personal Conduct Orders**  **Not requested**  **Denied until the hearing**  **Granted as follows:**

- a. You must **not** do the following things to the person in ① and  persons in ③:
- Harass, attack, strike, threaten, assault (sexually or otherwise), hit, follow, stalk, molest, destroy personal property, disturb the peace, keep under surveillance, or block movements
  - Contact, either directly or indirectly, in any way, including but not limited to, by telephone, mail, e-mail or other electronic means
  - Take any action, directly or through others, to obtain the addresses or locations of the persons in ① and ③. (*If this item is not checked, the court has found good cause not to make this order.*)
- b. Peaceful written contact through a lawyer or process server or another person as needed to serve Form DV-120 (*Response to Request for Domestic Violence Restraining Order*) or other legal papers is allowed and does not violate this order.
- c.  Exceptions: Brief and peaceful contact with the person in ①, and peaceful contact with children in ③, as required for court-ordered visitation of children, is allowed unless a criminal protective order says otherwise.

**7 Stay-Away Order**  **Not requested**  **Denied until the hearing**  **Granted as follows:**

- a. You **must** stay at least (*specify*): \_\_\_\_\_ yards away from:
- |  |  |
|--|--|
| <input type="checkbox"/> The person in ①                     | <input type="checkbox"/> School of person in ①               |
| <input type="checkbox"/> The persons in ③                    | <input type="checkbox"/> The children's school or child care |
| <input type="checkbox"/> Home of person in ①                 | <input type="checkbox"/> Other ( <i>specify</i> ): _____     |
| <input type="checkbox"/> The job or workplace of person in ① | _____  |
| <input type="checkbox"/> Vehicle of person in ①              | _____  |
- b.  Exceptions: Brief and peaceful contact with the person in ①, and peaceful contact with children in ③, as required for court-ordered visitation of children, is allowed unless a criminal protective order says otherwise.

**8 Move-Out Order**  **Not requested**  **Denied until the hearing**  **Granted as follows:**

You must take only personal clothing and belongings needed until the hearing and move out immediately from (*address*): \_\_\_\_\_

**This is a Court Order.**

**9 No Guns or Other Firearms or Ammunition**

- a. You cannot own, possess, have, buy or try to buy, receive or try to receive, or in any other way get guns, other firearms, or ammunition.
- b. You must:
- Sell to a licensed gun dealer or turn in to a law enforcement agency any guns or other firearms within your immediate possession or control. This must be done within 24 hours of being served with this order.
  - File a receipt with the court within 48 hours of receiving this order that proves guns have been turned in or sold. (You may use Form DV-800, *Proof of Firearms Turned In or Sold*, for the receipt.)
- c.  The court has received information that you own or possess a firearm.

**10 Record Unlawful Communications**

Not requested    Denied until the hearing    Granted as follows:

The person in ① can record communications made by you that violate the judge's orders.

**11 Care of Animals    Not requested    Denied until the hearing    Granted as follows:**

The person in ① is given the sole possession, care, and control of the animals listed below. The person in ② must stay at least \_\_\_\_\_ yards away from and not take, sell, transfer, encumber, conceal, molest, attack, strike, threaten, harm, or otherwise dispose of the following animals: \_\_\_\_\_

**12 Child Custody and Visitation    Not requested    Denied until the hearing    Granted as follows:**

You and the person in ① must follow the orders listed in attached Form DV-140, *Child Custody and Visitation Order*. The parent with temporary custody of the child must not remove the child from California until a noticed hearing (*Family Code Section 3063*).

**13 Child Support**

Not ordered now but may be ordered after a noticed hearing.

**14 Property Control    Not requested    Denied until the hearing    Granted as follows:**

Until the hearing, *only* the person in ① can use, control, and possess the following property and things:

**15 Debt Payment    Not requested    Denied until the hearing    Granted as follows:**

The person in ② must make these payments until this order ends:

Pay to: \_\_\_\_\_ For: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Due date: \_\_\_\_\_

Pay to: \_\_\_\_\_ For: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Due date: \_\_\_\_\_

**16 Property Restraint    Not requested    Denied until the hearing    Granted as follows:**

If the people in ① and ② are married to each other or are registered domestic partners,

the person in ①    the person in ② must not transfer, borrow against, sell, hide, or get rid of or destroy any property, including animals, except in the usual course of business or for necessities of life. In addition, each person must notify the other of any new or big expenses and explain them to the court. (*The person in ② cannot contact the person in ① if the court has made a "no contact" order.*)

Peaceful written contact through a lawyer or a process server or other person for service of legal papers related to a court case is allowed and does not violate this order.

**This is a Court Order.**

**(17) Spousal Support**

Not ordered now but may be ordered after a noticed hearing.

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

Not ordered now but may be ordered after a noticed hearing.

**(19) Payments for Costs and Services**

Not ordered now but may be ordered after a noticed hearing.

**(20) Batterer Intervention Program**

Not ordered now but may be ordered after a noticed hearing.

**(21) Other Orders**    Not requested    Denied until the hearing    Granted as follows:

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Check here if there are additional orders. List them on an attached sheet of paper and write "DV-110, other Orders" as a title.

**(22) No Fee to Serve (Notify) Restrained Person**

If the sheriff serves this order, he or she will do it for free.

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

Judge (or Judicial Officer)

### **Warnings and Notices to the Restrained Person in ②**

#### **You Cannot Have Guns, Other Firearms or Ammunition**

You cannot own, have, possess, buy or try to buy, receive or try to receive, or otherwise get guns, other firearms, or ammunition while this order is in effect. If you do, you can go to jail and pay a \$1,000 fine. You must sell to a licensed gun dealer or turn in to a law enforcement agency any guns or other firearms that you have or control as stated in item ⑨ above. The court will require you to prove that you did so.

#### **If You Do Not Obey This Order, You Can Be Arrested and Charged With a Crime**

- It is a felony to take or hide a child in violation of this order.
- If you travel to another state or to tribal lands or make the protected person do so, with the intention of disobeying this order, you can be charged with a federal crime.
- If you do not obey this order, you can go to jail or prison and/or pay a fine.

#### **Service of Order by Mail**

If the judge makes a restraining order at the hearing, which has the same orders as in this form, you will get a copy of that order by mail at your last known address, which is written in ②. If this address is not correct, or to know if the orders were made permanent, contact the court.

**This is a Court Order.**



## Child Custody, Visitation, and Support

- **Child custody and visitation:** If you do not go to the hearing, the judge can make custody and visitation orders for your children without hearing from you.
- **Child support:** The judge can order child support based on the income of both parents. The judge can also have that support taken directly from your paycheck. Child support can be a lot of money, and usually you have to pay until the child is age 18. File and serve a *Financial Statement (Simplified)* (Form FL-155) or an *Income and Expense Declaration* (Form FL-150) so the judge will have information about your finances.
- **Spousal support:** File and serve an *Income and Expense Declaration* (Form FL-150) so the judge will have information about your finances. Otherwise, the court may make support orders without hearing from you.

### Instructions for Law Enforcement

This order is effective when made. It is enforceable by any law enforcement agency that has received the order, is shown a copy of the order, or has verified its existence on the California Law Enforcement Telecommunications System (CLETS). If the law enforcement agency has not received proof of service on the restrained person, and the restrained person was not present at the court hearing, the agency shall advise the restrained person of the terms of the order and then shall enforce it. Violations of this order are subject to criminal penalties.

### Arrest Required If Order Is Violated

If an officer has probable cause to believe that the restrained person had notice of the order and has disobeyed the order, the officer must arrest the restrained person. (Penal Code, §§ 836(c)(1), 13701(b).) A violation of the order may be a violation of Penal Code section 166 or 273.6.

### Certificate of Compliance With VAWA

This temporary protective order meets all “full faith and credit” requirements of the Violence Against Women Act, 18 U.S.C. § 2265 (1994) (VAWA) upon notice of the restrained person. This court has jurisdiction over the parties and the subject matter; the restrained person has been or will be afforded notice and a timely opportunity to be heard as provided by the laws of this jurisdiction. **This order is valid and entitled to enforcement in each jurisdiction throughout the 50 states of the United States, the District of Columbia, all tribal lands, and all U.S. territories, commonwealths, and possessions and shall be enforced as if it were an order of that jurisdiction.**

*(Clerk will fill out this part.)*

#### —Clerk’s Certificate—

*Clerk’s Certificate  
[seal]*

I certify that this *Temporary Restraining Order* is a true and correct copy of the original on file in the court.

Date: \_\_\_\_\_ Clerk, by \_\_\_\_\_, Deputy

**This is a Court Order.**

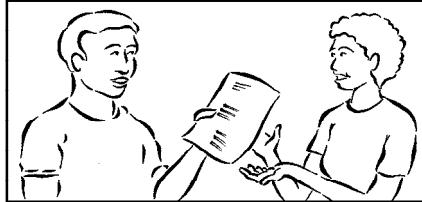


Clerk stamps date here when form is filed.

**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 older.
- Not be listed in items ① or ③ of form DV-100, *Request for Domestic Violence Restraining Order*.
- Give a copy of all documents checked in ④ to the restrained person in ②. (You cannot send them by mail.) Then complete and sign this form, and give or mail it to the person in ①.

**4 I gave the person in ② a copy of all the documents checked:**

- a.  DV-109 with DV-100 and a blank DV-120 (*Notice of Court Hearing; Request for Domestic Violence Restraining Order; blank Response to Request for Domestic Violence Restraining Order*)
- b.  DV-110 (*Temporary Restraining Order*)
- c.  DV-105 and DV-140 (*Request for Child Custody and Visitation Orders, Child Custody and Visitation Order*)
- d.  FL-150 with a blank FL-150 (*Income and Expense Declaration*)
- e.  FL-155 with a blank FL-155 (*Financial Statement (Simplified)*)
- f.  DV-115 (*Request to Continue Hearing and Reissue Temporary Restraining Order*)
- g.  DV-116 (*Notice of New Hearing Date and Order on Reissuance*)
- h.  DV-130 (*Restraining Order After Hearing*)
- i.  Other (specify): \_\_\_\_\_

Fill in court name and street address:

Superior Court of California, County of \_\_\_\_\_

Fill in case number:

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

**5 I personally gave copies of the documents checked above to the person in ② on:**a. Date: \_\_\_\_\_ b. Time: \_\_\_\_\_  a.m.  p.m.

c. At this address: \_\_\_\_\_

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

**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



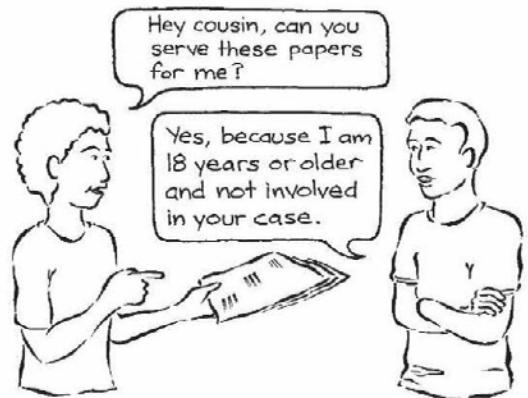
# DV-200-INFO What Is “Proof of Personal Service”?

## What is “service”?

Service is the act of giving your legal papers to the other person. There are many kinds of service—in person, by mail, and others. This form is about personal or “in-person” service. The *Notice of Court Hearing* (Form DV-109), *Request for Domestic Violence Restraining Order* (Form DV-100) and *Temporary Restraining Order* (Form DV-110) must be served “in person.” That means someone—not you or anyone else protected by the order—must personally “serve” (give) the person to be restrained a copy of the forms. You cannot send them by mail.

Service lets the other person know:

- What orders you are asking for
- The hearing date
- How to respond



## Why do I have to get the orders served?

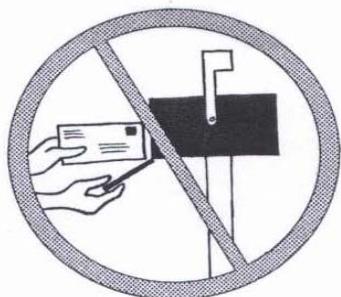
- The *police cannot arrest* anyone for violating an order *unless* the restrained person knows about the order.
- The *judge cannot make the orders permanent* unless the restrained person was served.

## Who can serve?

Ask someone you know, a process server, or a law enforcement agency (for example, a sheriff) to personally serve (give) a copy of the orders to the person to be restrained. You *cannot* send the forms to that person by mail.

The server must:

- Be 18 years of age or over
- Not be you or anyone to be protected by the orders



*Don't serve it by mail!*

A sheriff can serve the order at no cost to you.

A “registered process server” is a business you pay to deliver court forms. Look for “Process Serving” in the Yellow Pages or on the Internet.

(If a law enforcement agency or the process server uses a different Proof of Service form, make sure it lists the forms served.)

## How to Serve

Ask the server to:

- Walk up to the person to be served.
- Make sure it’s the right person. Ask the person’s name.
- Give the person copies of all papers checked on Form DV-200, *Proof of Personal Service*.
- Fill out and sign Form DV-200.
- Give the signed Form DV-200 to you.



## What if the person won’t take the papers or tears them up?

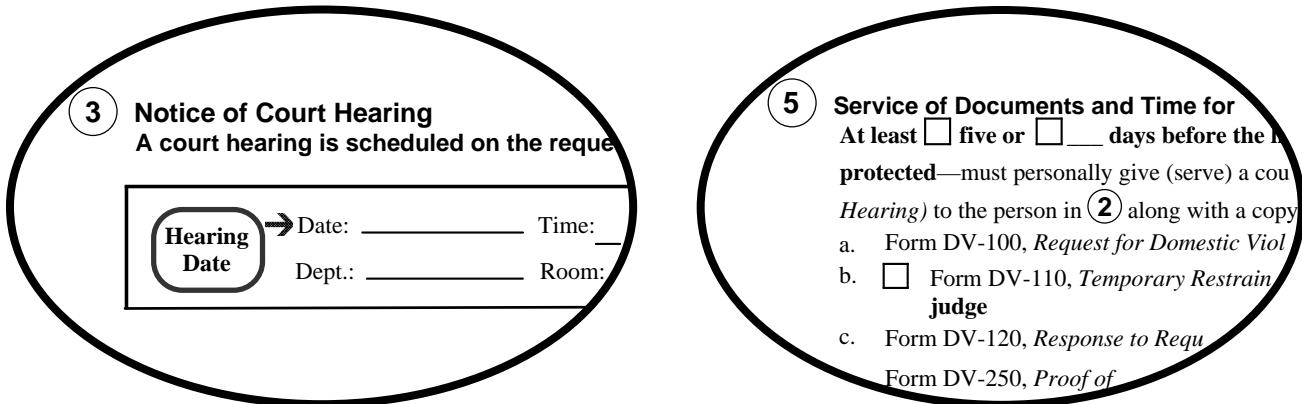
- If the person won’t take the papers, just leave them near him or her.
- It doesn’t matter if the person tears them up.

# DV-200-INFO What Is “Proof of Personal Service”?

## When do the orders have to be served?

It depends. To know the exact date, you have to look at two things on Form DV-109:

First, look at the hearing date on page 1 of Form DV-109. Next, look at the number of days written in item (5) on page 2.



Look at a calendar. Subtract the number of days in item (5) from the hearing date. That's the final date to have the orders served. It's always OK to serve earlier than that date.

If nothing is written in item (5) you must have the papers served at least 5 days before the hearing.

## Who signs the *Proof of Personal Service*?

Only the person who serves the orders can sign the *Proof of Personal Service* (Form DV-200). You do not sign it. The person to be restrained does not sign it.

## What happens if I cannot get the papers served before the hearing date?

Before your hearing, fill out and file a *Request to Continue Hearing and Reissue Temporary Restraining Order* (Form DV-115) and *Notice of New Hearing Date and Order on Reissuance* (Form DV-116). These forms ask the judge for a new hearing date and make any temporary orders last until then. Ask the clerk for the forms or go to [www.courts.ca.gov](http://www.courts.ca.gov).

You **must** attach a copy of Form DV-115 and DV-116 to a copy of your original order. That way, the police will know your orders are still in effect. And the restrained person will be served with notice of the new hearing date. For more information on getting a new hearing date, read Form DV-115-INFO, *How to Ask for a New Hearing Date*.

## What do I do with the completed *Proof of Personal Service*?

**Bring a copy of the original *Proof of Personal Service* (Form DV-200) to your hearing.**

If the sheriff serves the orders, he or she will send the *Proof of Personal Service* to the court and CLETS (California Law Enforcement Telecommunications System), a statewide computer system that lets police know about your order, for you.

If someone other than the sheriff serves the orders, you should:

- If possible, file the original *Proof of Personal Service* (Form DV-200) with the court at least 2 days before your hearing. If you were unable to do this, bring the original *Proof of Personal Service* to your hearing.
- The clerk will send it to CLETS.
- Always keep an extra copy of the restraining orders with you for your safety.

**DV-120****Response to Request for Domestic  
Violence Restraining Order**

Clerk stamps date here when form is filed.

**① Name of Person Asking for Protection:**

(See Form DV-100, item ①):

**② Your Name:**Your lawyer in this case (*if you have one*):

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

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

**Address** (*If you have a lawyer for this case, give your lawyer's information. If you do not have a lawyer and want to keep your home address private, give a different mailing address instead. You do not have to give your 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**

Fill in case number:

**Case Number:****③ Use this form to respond to the Request for Domestic Violence Restraining Order (Form DV-100)**

- Fill out this form and take it to the court clerk.
- Have the person in ① served by mail with a copy of this form and any attached pages. (See Form DV-250, *Proof of Service by Mail*.)
- For more information, read Form DV-120-INFO, *How Can I Respond to Request for Domestic Violence Restraining Order?*

**The judge will consider your Response at the hearing.**Write your hearing date, time, and place from Form DV-109, *Notice of Court Hearing*, item ③ here:**Hearing Date**Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Dept.: \_\_\_\_\_ Room: \_\_\_\_\_**You must obey the orders in Form DV-110, Temporary Restraining Order, until the hearing.** At the hearing, the court may make restraining orders against you that could last up to 5 years and could be renewed.**④  Relationship to Person Asking for Protection**

- a.  I agree to the relationship listed in item ④ on Form DV-100.
- b.  I do not agree to the relationship listed in item ④ on Form DV-100. (*Specify your reasons in item 23, page 4 of this form.*)

**⑤  Other Protected People**

- a.  I agree to the order requested.
- b.  I do not agree to the order requested. (*Specify your reasons in item 23, page 4 of this form.*)

**⑥  Personal Conduct Order**

- a.  I agree to the order requested.
- b.  I do not agree to the order requested. (*Specify your reasons in item 23, page 4 of this form.*)

**This is not a Court Order.**

**(7)  Stay-Away Orders**

- a.  I agree to the order requested.
- b.  I do not agree to the order requested. (*Specify your reasons in item 23, page 4 of this form.*)

**(8)  Move-Out Order**

- a.  I agree to the order requested.
- b.  I do not agree to the order requested. (*Specify your reasons in item 23, page 4 of this form.*)

**(9)  Turn In Guns or Other Firearms**

*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.*

- a.  I do not own or have any guns or firearms.
- b.  I ask for an exemption from the firearms prohibition under Family Code § 6389(h) because (*specify*): \_\_\_\_\_
- c.  I have turned in my guns and firearms to law enforcement or sold them to a licensed gun dealer.
- d.  A copy of the receipt showing that I turned in or sold my firearms  
 is attached     has already been filed with the court.

**(10)  Record Unlawful Communications Order**

- a.  I agree to the order requested.
- b.  I do not agree to the order requested. (*Specify your reasons in item 23, page 4 of this form.*)

**(11)  Animals: Possession and Stay-Away Order**

- a.  I agree to the order requested.
- b.  I do not agree to the order requested. (*Specify your reasons in item 23, page 4 of this form.*)

**(12)  Child Custody and Visitation Order**

- a.  I agree to the order requested.
- b.  I do not agree to the order requested. (*Specify your reasons in item 23, page 4 of this form.*)
- c.  I am not the parent of the child listed in Form DV-105, Request for Child Custody and Visitation Orders.
- d.  I ask for the following custody order (*specify*): \_\_\_\_\_
- e.  I do     I do not    agree to the orders requested to limit the child's travel as listed in Form DV-108, *Request for Order: No Travel with Children*.

*You and the other parent may tell the court that you want to be legal parents of the children (use Form DV-180, Agreement and Judgment of Parentage).*

**(13)  Child Support Order (Check all that apply):**

- a.  I agree to the order requested.
- b.  I do not agree to the order requested. (*Specify your reasons in item 23, page 4 of this form.*)
- c.  I agree to pay guideline child support.

*Whether or not you agree to pay support, you must fill out, serve, and file Form FL-150, Income and Expense Declaration or FL-155, Financial Statement.*

**This is not a Court Order.**

**(14)  Property Control Order**

- a.  I agree to the order requested.
- b.  I do not agree to the order requested. (*Specify your reasons in item 23, page 4 of this form.*)

**(15)  Debt Payment Order**

- a.  I agree to the order requested.
- b.  I do not agree to the order requested. (*Specify your reasons in item 23, page 4 of this form.*)

**(16)  Property Restraint Order**

- a.  I agree to the order requested.
- b.  I do not agree to the order requested. (*Specify your reasons in item 23, page 4 of this form.*)

**(17)  Spousal Support Order**

- a.  I agree to the order requested.
- b.  I do not agree to the order requested. (*Specify your reasons in item 23, page 4 of this form.*)

*Whether or not you agree, you must fill out, serve, and file Form FL-150, Income and Expense Declaration.*

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

- a.  I agree to the order requested.
- b.  I do not agree to the order requested. (*Specify your reasons in item 23, page 4 of this form.*)
- c.  I request the court to order payment of my lawyer's fees and costs.

*Whether or not you agree, you must fill out, serve, and file Form FL-150, Income and Expense Declaration.*

**(19)  Payments for Costs and Services**

- a.  I agree to the order requested.
- b.  I do not agree to the order requested. (*Specify your reasons in item 23, page 4 of this form.*)

**(20)  Batterer Intervention Program**

- a.  I agree to the order requested.
- b.  I do not agree to the order requested. (*Specify your reasons in item 23, page 4 of this form.*)

**(21)  Other Orders (*see item 21 on Form DV-100*)**

- a.  I agree to the order requested.
- b.  I do not agree to the order requested. (*Specify your reasons in item 23, page 4 of this form.*)

**(22)  Out-of-Pocket Expenses**

I ask the court to order payment of my out-of-pocket expenses because the temporary restraining order was issued without enough supporting facts. The expenses are:

Item: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Item: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

*You must fill out, serve, and file Form FL-150, Income and Expense Declaration.*

**This is not a Court Order.**

**23  Reasons I do not agree to the orders requested**

Explain your answers to each of the orders requested (give specific facts and reasons):

Check here if there is not enough space below for your answer. Put your complete answer on an attached sheet of paper and write, "DV-120, Reasons I Do Not Agree" as a title.

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

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

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

Lawyer's name, if you have one



Lawyer's signature

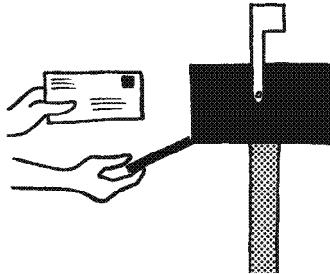
**This is not a Court Order.**

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

**Note: You cannot serve DV-100, DV-105, DV-109, or DV-110 by mail.**

**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



## ① Name of Protected Person:

Your lawyer in this case (*if you have one*):

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

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

**Address** (*If you have a lawyer for this case, give your lawyer's information. If you do not have a lawyer and want to keep your home address private, give a different mailing address instead. You do not have to give your 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**

## ② Name of Restrained Person:

**Description of restrained person:**

Sex:  M  F Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Race: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

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

Relationship to protected person: \_\_\_\_\_

Fill in case number:

**Case Number:**

③  Additional Protected Persons

In addition to the person named in ①, the following persons are protected by orders as indicated in item ⑥ and ⑦ (*family or household members*):

Full name

Relationship to person in ①

Sex

Age

Check here if there are additional protected persons. List them on an attached sheet of paper and write, "DV-130, Additional Protected Persons" as a title.

## ④ Expiration Date

The orders, except as noted below, end on

(date): \_\_\_\_\_ at (time): \_\_\_\_\_  a.m.  p.m. or  midnight

- If no date is written, the restraining order ends three years after the date of the hearing in item ⑤(a).
- If no time is written, the restraining order ends at midnight on the expiration date.
- Note: Custody, visitation, child support, and spousal support orders remain in effect after the restraining order ends. Custody, visitation and child support orders usually end when the child is 18.
- The court orders are on pages 2, 3, 4 and 5 and attachment pages (if any).

**This order complies with VAWA and shall be enforced throughout the United States. See page 5.**

**This is a Court Order.**

**5 Hearings**

a. The hearing was on (*date*): \_\_\_\_\_ with (*name of judicial officer*): \_\_\_\_\_

b. These people were at the hearing (*check all that apply*):

- The person in ①       The lawyer for the person in ① (*name*): \_\_\_\_\_  
 The person in ②       The lawyer for the person in ② (*name*): \_\_\_\_\_

c.  The people in ① and ② must **return to court** on (*date*): \_\_\_\_\_

at (*time*): \_\_\_\_\_  a.m.  p.m.    to review (*specify issues*): \_\_\_\_\_

**To the person in ②**

**The court has granted the orders checked below. Item ⑨ is also an order. If you do not obey these orders, you can be arrested and charged with a crime. You may be sent to jail for up to one year, pay a fine of up to \$1,000, or both.**

**6  Personal Conduct Orders**

a. The person in ② must **not** do the following things to the protected people in ① and ③:

- Harass, attack, strike, threaten, assault (sexually or otherwise), hit, follow, stalk, molest, destroy personal property, disturb the peace, keep under surveillance, or block movements.  
 Contact, either directly or indirectly, by any means, including, but not limited to, by telephone, mail, e-mail or other electronic means.  
 Take any action, directly or through others, to obtain the addresses or locations of any protected persons.  
*(If this item is not checked, the court has found good cause not to make this order.)*

b. Peaceful written contact through a lawyer or process server or another person as needed to serve legal paper is allowed and does not violate this order.

c.  Exceptions: Brief and peaceful contact with the person in ①, and peaceful contact with children in ③, as required for court-ordered visitation of children, is allowed unless a criminal protective order says otherwise.

**7  Stay-Away Order**

a. The person in ② **must** stay at least (*specify*): \_\_\_\_\_ yards away from:

- |  |  |
|--|--|
| <input type="checkbox"/> The person in ①                     | <input type="checkbox"/> School of person in ①               |
| <input type="checkbox"/> The persons in ③                    | <input type="checkbox"/> The children's school or child care |
| <input type="checkbox"/> Home of person in ①                 | <input type="checkbox"/> Other ( <i>specify</i> ): _____     |
| <input type="checkbox"/> The job or workplace of person in ① |  |
| <input type="checkbox"/> Vehicle of person in ①              |  |

b.  Exceptions: Brief and peaceful contact with the person in ① and peaceful contact with children in ③, as required for court-ordered visitation of children, is allowed unless a criminal protective order says otherwise.

**8  Move-Out Order**

The person in ② must move out immediately from (*address*): \_\_\_\_\_

**This is a Court Order.**


**9 No Guns or Other Firearms or Ammunition**

- a. The person in ② cannot own, possess, have, buy or try to buy, receive or try to receive, or in any other way get guns, other firearms, or ammunition.
- b. The person in ② must:
- Sell to a licensed gun dealer or turn in to a law enforcement agency any guns or other firearms within his or her immediate possession or control. This must be done within 24 hours of being served with this order.
  - File a receipt with the court within 48 hours of receiving this order that proves guns have been turned in or sold. (*Form DV-800, Proof of Firearms Turned In or Sold, may be used for the receipt.*)
- c.  The court has received information that the person in ② owns or possesses a firearm.

**10  Record Unlawful Communications**

The person in ① has the right to record communications made by the person in ② that violate the judge's orders.

**11  Animals: Possession and Stay-Away**

The person in ① is given the sole possession, care, and control of the animals listed below. The person in ② must stay at least \_\_\_\_\_ yards away from and not take, sell, transfer, encumber, conceal, molest, attack, strike, threaten, harm, or otherwise dispose of the following animals: \_\_\_\_\_

**12  Child Custody and Visitation**

Child custody and visitation are ordered on the attached Form DV-140, *Child Custody and Visitation Order* or (specify other form): \_\_\_\_\_

**13  Child Support**

Child support is ordered on the attached Form FL-342, *Child Support Information and Order Attachment* or (specify other form): \_\_\_\_\_

**14  Property Control**

Only the person in ① can use, control, and possess the following property: \_\_\_\_\_

**15  Debt Payment**

The person in ② must make these payments until this order ends:

Pay to: \_\_\_\_\_ For: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Due date: \_\_\_\_\_

Pay to: \_\_\_\_\_ For: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Due date: \_\_\_\_\_

Pay to: \_\_\_\_\_ For: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Due date: \_\_\_\_\_

Check here if more payments ordered. Attach a sheet of paper and write, "DV-130, Debt Payments" as a title.

**16  Property Restraint**

The  person in ①  person in ② must not transfer, borrow against, sell, hide, or get rid of or destroy any property, including animals, except in the usual course of business or for necessities of life. In addition, the person must notify the other of any new or big expenses and explain them to the court. (*The person in ② cannot contact the person in ① if the court has made a "Personal Conduct" order.*)

Peaceful written contact through a lawyer or a process server or other person for service of legal papers related to a court case is allowed and does not violate this order.

**This is a Court Order.**

**(17)  Spousal Support**

Spousal support is ordered on the attached Form FL-343, *Spousal, Partner, or Family Support Order Attachment* or (specify other form): \_\_\_\_\_

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

The person in (2) must pay the following lawyer's fees and costs:

Pay to: \_\_\_\_\_ For: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Due date: \_\_\_\_\_  
 Pay to: \_\_\_\_\_ For: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Due date: \_\_\_\_\_

**(19)  Payments for Costs and Services**

The person in (2) must pay the following:

Pay to: \_\_\_\_\_ For: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Due date: \_\_\_\_\_  
 Pay to: \_\_\_\_\_ For: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Due date: \_\_\_\_\_  
 Pay to: \_\_\_\_\_ For: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Due date: \_\_\_\_\_

Check here if more payments ordered. Attach a sheet of paper and write, "DV-130, Payments for Costs and Services" as a title.

**(20)  Batterer Intervention Program**

The person in (2) must go to and pay for a 52-week batterer intervention program and show written proof of completion to the court. This program must be approved by the probation department.

**(21)  Other Orders**

Other orders (specify): \_\_\_\_\_

**(22)  No Fee to Serve (Notify) Restrained Person**

If the sheriff or marshal serves this order, he or she will do it for free.

**(23)  Service**

- a.  The people in (1) and (2) were at the hearing or agreed in writing to this order. No other proof of service is needed.
- b.  The person in (1) was at the hearing. The person in (2) was not.
  - (1)  Proof of service of Form DV-109 and Form DV-110 (if issued) was presented to the court. The judge's orders in this form are the same as in Form DV-110 except for the end date. The person in (2) must be served. This order can be served by mail.
  - (2)  Proof of service of Form DV-109 and Form DV-110 (if issued) was presented to the court. The judge's orders in this form are different from the orders in Form DV-110, or Form DV-110 was not issued. Someone—not the people in (1) or (3)—must personally "serve" a copy of this order to the person in (2).

**(24)  Criminal Protective Order**

- a.  Form CR-160, *Criminal Protective Order—Domestic Violence*, is in effect.

Case Number: \_\_\_\_\_ County: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

(If more orders, list them on extra sheet of paper and write, "DV-130, Other Criminal Protective Orders" as a title.)

- b.  No information has been provided to the judge about a criminal protective order.

**This is a Court Order.**



**(25)  Attached pages are orders.**

- Number of pages attached to this six-page form: \_\_\_\_\_
- All of the attached pages are part of this order.
- Attachments include (*check all that apply*):  
 DV-140    DV-145    DV-150    FL-342    FL-343  
 Other (*specify*): \_\_\_\_\_

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

Judge (or Judicial Officer)

**Certificate of Compliance With VAWA**

This restraining (protective) order meets all “full faith and credit” requirements of the Violence Against Women Act, 18 U.S.C. § 2265 (1994) (VAWA) upon notice of the restrained person. This court has jurisdiction over the parties and the subject matter; the restrained person has been or will be afforded notice and a timely opportunity to be heard as provided by the laws of this jurisdiction. **This order is valid and entitled to enforcement in each jurisdiction throughout the 50 states of the United States, the District of Columbia, all tribal lands, and all U.S. territories, commonwealths, and possessions and shall be enforced as if it were an order of that jurisdiction.**

**Warnings and Notices to the Restrained Person in ②****If you do not obey this order, you can be arrested and charged with a crime.**

- If you do not obey this order, you can go to jail or prison and/or pay a fine.
- It is a felony to take or hide a child in violation of this order.
- If you travel to another state or to tribal lands or make the protected person do so, with the intention of disobeying this order, you can be charged with a federal crime.

**You cannot have guns, firearms, and/or ammunition.**

You cannot own, have, possess, buy or try to buy, receive or try to receive, or otherwise get guns, other firearms, and/or ammunition while the order is in effect. If you do, you can go to jail and pay a \$1,000 fine. You must sell to a licensed gun dealer or turn in to a law enforcement agency any guns or other firearms that you have or control. The judge will ask you for proof that you did so. If you do not obey this order, you can be charged with a crime. Federal law says you cannot have guns or ammunition while the order is in effect.

**Instructions for Law Enforcement****Start Date and End Date of Orders**

The orders *start* on the earlier of the following dates:

- The hearing date in item ⑤(a) on page 2 or
- The date next to the judge’s signature on this page.

The orders *end* on the expiration date in item ④ on page 1. If no date is listed, they end three years from the hearing date.

**This is a Court Order.**

## Arrest Required If Order Is Violated

If an officer has probable cause to believe that the restrained person had notice of the order and has disobeyed the order, the officer must arrest the restrained person. (Penal Code, §§ 836(c)(1), 13701(b).) A violation of the order may be a violation of Penal Code section 166 or 273.6.

## Notice/Proof of Service

Law enforcement must first determine if the restrained person had notice of the orders. If notice cannot be verified, the restrained person must be advised of the terms of the orders. If the restrained person then fails to obey the orders, the officer must enforce them. (Family Code, § 6383.)

Consider the restrained person “served” (noticed) if:

- The officer sees a copy of the *Proof of Service* or confirms that the *Proof of Service* is on file; *or*
- The restrained person was at the restraining order hearing or was informed of the order by an officer. (Fam. Code, § 6383; Pen. Code, § 836(c)(2).) An officer can obtain information about the contents of the order in the Domestic Violence Restraining Orders System (DVROS). (Fam. Code, § 6381(b)(c).)

## If the Protected Person Contacts the Restrained Person

Even if the protected person invites or consents to contact with the restrained person, the orders remain in effect and must be enforced. The protected person cannot be arrested for inviting or consenting to contact with the restrained person. The orders can be changed only by another court order. (Pen. Code, § 13710(b).)

## Child Custody and Visitation

- The custody and visitation orders are on Form DV-140, items ③ and ④. They are sometimes also written on additional pages or referenced in DV-140 or other orders that are not part of the restraining order.
- **Forms DV-100 and DV-105 are not orders. Do not enforce them.**

## Enforcing the Restraining Order in California

Any law enforcement officer in California who receives, sees, or verifies the orders on a paper copy, the California Law Enforcement Telecommunications System (CLETS), or in an NCIC Protection Order File must enforce the orders.

## Conflicting Orders

A protective order issued in a criminal case on Form CR-160 takes precedence in enforcement over any conflicting civil court order. (Pen. Code, § 136.2(e)(2).) Any nonconflicting terms of the civil restraining order remain in full force. An emergency protective order (Form EPO-001) that is in effect between the same parties and is more restrictive than other restraining orders takes precedence over all other restraining orders. (Pen. Code, § 136.2.)

*(Clerk will fill out this part.)*

### —Clerk’s Certificate—

*Clerk’s Certificate  
[seal]*

I certify that this *Restraining Order After Hearing (Order of Protection)* is a true and correct copy of the original on file in the court.

Date: \_\_\_\_\_ Clerk, by \_\_\_\_\_, Deputy

**This is a Court Order.**

This form is attached to DV-100, *Request for Domestic Violence Restraining Order*.

Check the orders you want .

**1** Your name: \_\_\_\_\_  Mom  Dad  Other\*

**2** Other parent's name: \_\_\_\_\_  Mom  Dad  Other\*

\*If Other, specify relationship to child: \_\_\_\_\_

**3**  **Child Custody**

I ask the court for custody as follows:

**Legal Custody to:** (Person who makes decisions about health, education, and welfare)

**Physical Custody to:** (Person you want the child to live with)

| Child's Name | Date of Birth | Mom                      | Dad                      | Other                    | Mom                      | Dad                      | Other                    |
|--------------|---------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. _____     | _____         | <input type="checkbox"/> |
| b. _____     | _____         | <input type="checkbox"/> |
| c. _____     | _____         | <input type="checkbox"/> |
| d. _____     | _____         | <input type="checkbox"/> |

Check here if you need more space. Attach a sheet of paper and write "DV-105, Child Custody" for a title.

**4**  **Change Current Court Order**

I want to change a current child custody or visitation court order.

Case Number (if you have it): \_\_\_\_\_ County: \_\_\_\_\_

Explain your current order and why you want a change. \_\_\_\_\_

Check here if you need more space. Attach a sheet of paper and write "DV-105, Change Current Court Order" for a title.

**5** **Child's Address**

Where has the child in ③(a) lived for the last 5 years? Give each city and state the child has lived unless it is unknown to the other parent and you want to keep it confidential because of domestic violence or child abuse. Start with where the child lives now and work backwards in time. (If the current address is confidential, check the box below and just provide the current state).

Child ③(a) addresses (city and state):

Confidential

Child ③(a) lived with:

Mom Dad Other

Dates lived there:

From \_\_\_\_\_ to present

From \_\_\_\_\_ to \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_

Check here if you need more space. Attach a sheet of paper and write "DV-105, Child's Address" for a title.

**This is not a Court Order.**

**6 Other Children's Addresses**

- Check here if the other child's (or children's) address information is the same as listed in **5**.  
 If it is different, check here. Attach a sheet of paper and write "DV-105, Other Children's Addresses" for a title. List other children's address information, including dates, and name of person child lived with.

**7 Other Custody Case**

Were you involved in, or do you know of, any other custody case for any child listed in this form?

No     Yes If yes, fill out below and attach a copy of any custody or visitation orders if you have them:

- a. Name of each child in other custody case: \_\_\_\_\_
- b. Type of case:  Parentage (Paternity)     Divorce     Child Support     Guardianship  
 Juvenile/Dependency     Domestic Violence  
 Other (specify): \_\_\_\_\_
- c. I was a  Party  Witness  Other (specify): \_\_\_\_\_
- d. Court (name): \_\_\_\_\_  
Address: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_
- e. Date of court order: \_\_\_\_\_
- f. Case number (if you have it): \_\_\_\_\_

**8 Other People With or Claiming to Have Custody or Visitation Rights**

Do you know of anyone who is not involved in this case who has or claims to have custody or visitation rights with any child listed on this form?     No     Yes If yes, fill out below:

Name and address of that person:

- Has custody     Claims custody rights     Claims visitation rights

For these children (name of each child):  
\_\_\_\_\_  
\_\_\_\_\_

- Check here if you need more space. Attach a sheet of paper and write "DV-105, Other People With or Claiming Custody or Visitation" for a title.

**9 Visitation**

I ask the court to order that the person in **2** have the following temporary visitation rights:

(Check all that apply)

- a.  No visitation until the hearing
- b.  No visitation after the hearing
- c.  The following visitation     until the hearing     after the hearing
  - (1)  Weekends (starting): \_\_\_\_\_ (*The 1st weekend of the month is the 1st weekend with a Saturday.*)  
 1st     2nd     3rd     4th     5th weekend of month  
from \_\_\_\_\_ at \_\_\_\_\_  a.m.  p.m. to \_\_\_\_\_ at \_\_\_\_\_  a.m.  p.m.  
(day of week)                                  (time)                                  (day of week)                                  (time)
  - (2)  Weekdays (starting): \_\_\_\_\_  
from \_\_\_\_\_ at \_\_\_\_\_  a.m.  p.m. to \_\_\_\_\_ at \_\_\_\_\_  a.m.  p.m.  
(day of week)                                  (time)                                  (day of week)                                  (time)

**This is not a Court Order.**

**10**  **Other Visitation**

Attach a sheet of paper with other visitation days and times, like summer vacation, holidays, and birthdays. List dates and times. Write "DV-105, Visitation" for a title.

**11**  **Responsibility for Transportation**

The parent will take or pick up the child or make arrangements for someone else to do so.

I ask the court to order that:

- a.  Mom  Dad  Other (name): \_\_\_\_\_ **take children to the visits.**
- b.  Mom  Dad  Other (name): \_\_\_\_\_ **pick up children from the visits.**
- c.  Drop-off / pick-up of children will be at (address): \_\_\_\_\_
- d.  Check here if other arrangement. Attach a sheet of paper and write "DV-105, Responsibility for Transportation" for a title.

**12**  **Supervised Visitation**

- a. I ask that the visitation in **9** be supervised by

A professional supervisor  A non-professional supervisor  Other \_\_\_\_\_  
*Name and telephone number, if known:* \_\_\_\_\_

- b. I ask that the visitation in **10** be supervised by

A professional supervisor  A non-professional supervisor  Other \_\_\_\_\_  
*Name and telephone number, if known:* \_\_\_\_\_

- c. I ask that any costs for supervision be paid by:

Mom \_\_\_\_\_ %    Dad \_\_\_\_\_ %    Other (name) \_\_\_\_\_ %

**13**  **Travel With Children**

I ask the court to order that:

Mom  Dad  Other (name): \_\_\_\_\_ **must** have written permission from the other parent, or a court order, to take the children outside of:

- a.  The State of California  County of: \_\_\_\_\_
- b.  Other place(s) (list): \_\_\_\_\_

**14**  **Child Abduction Risk**

I believe that there is a risk the other parent will take our child out of California and hide the child from me.  
*If you check this box you must fill out and attach Form DV-108, Request for Order: No Travel with Children.*

**Important Instructions**

- You must tell the court if you find out any other information about a custody case in any court for the children listed on this form.
- If the court makes a temporary custody order, the parent receiving custody must not take the child out of California without a noticed hearing. (See Family Code §3063.)

**This is not a Court Order.**



This form is attached to (check one):  DV-110  DV-130

**1** **Name of Protected Person:** \_\_\_\_\_  Mom  Dad  Other\*

**2** **Other Parent's Name:** \_\_\_\_\_  Mom  Dad  Other\*

\* If Other, specify relationship to child: \_\_\_\_\_

### The Court Orders:

**3**  **Child Custody** is ordered as follows:

**Legal Custody to:** (Person who makes decisions about health, education. Check at least one.)

**Physical Custody to:** (Person the child lives with. Check at least one.)

| Child's Name | Date of Birth | Mom                      | Dad                      | Other*                   | Mom                      | Dad                      | Other*                   |
|--------------|---------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. _____     | _____         | <input type="checkbox"/> |
| b. _____     | _____         | <input type="checkbox"/> |
| c. _____     | _____         | <input type="checkbox"/> |

If more children, check here. Attach a sheet of paper and write "DV-140, Child Custody" for a title.

\* If Other, specify relationship to child and name of person: \_\_\_\_\_

**4**  **Child Visitation** is ordered as follows:

- a.  No visitation to  Mom  Dad  Other (name): \_\_\_\_\_
- b.  See the attached \_\_\_\_\_ - page document, dated: \_\_\_\_\_
- c.  The parties must go to mediation at: \_\_\_\_\_
- d.  Until the next court order, visitation for  Mom  Dad  Other (name): \_\_\_\_\_ will be:

(1)  **Weekends** (starting): \_\_\_\_\_ (The 1st weekend of the month is the 1st weekend with a Saturday.)  
 1st  2nd  3rd  4th  5th weekend of month  
from \_\_\_\_\_ at \_\_\_\_\_  a.m.  p.m. to \_\_\_\_\_ at \_\_\_\_\_  a.m.  p.m.  
(day of week) (time) (day of week) (time)

(2)  **Weekdays** (starting): \_\_\_\_\_  
from \_\_\_\_\_ at \_\_\_\_\_  a.m.  p.m. to \_\_\_\_\_ at \_\_\_\_\_  a.m.  p.m.  
(day of week) (time) (day of week) (time)

(3)  **Other Visitation**

Check here and attach a sheet of paper if there are other visitation days and times, like holidays, birthdays, sports events. List dates and times. Write "DV- 140, Other Visitation" for a title.

**5**  **Supervised Visitation or Exchange**

Visits and/or exchanges of children are supervised as specified on Form DV-150, *Supervised Visitation and Exchange Order*.

**This is a Court Order.**

**6**  **Responsibility for Transportation for Visitation**

“Responsibility for transportation” means the parent will take or pick up the child or make arrangements for someone else to do so.

- a.  Mom  Dad  Other (name): \_\_\_\_\_ **take children to the visits.**
- b.  Mom  Dad  Other (name): \_\_\_\_\_ **pick up children from the visits.**
- c.  Drop-off / pick-up of children will be at (address): \_\_\_\_\_

**7**  **Travel with Children**

Mom  Dad  Other (name): \_\_\_\_\_ **must** have written permission from the other parent, or a court order, to take the children outside of:

- a.  The State of California
- b.  The United States of America
- c.  Other place(s) (list): \_\_\_\_\_

**8**  **Child Abduction**

There is a risk that one of the parents will take the children out of California without the other parent’s permission.  The orders in Form DV-145, *Order: No Travel with Children*, are attached and must be obeyed. (*Fill out and attach Form DV-145 to this form.*)

**9**  **Other Orders**

*Check here and attach any other orders to this form. Write “DV-140, Other Orders” as a title.*

**10 Jurisdiction**

This court has jurisdiction to make child custody orders in this case under the Uniform Child Custody Jurisdiction and Enforcement Act (part 3 of the California Family Code starting with § 3400).

**11 Notice and Opportunity to Be Heard**

The responding party was given reasonable notice and an opportunity to be heard as provided by the laws of the State of California.

**12 Country of Habitual Residence**

The country of habitual residence of the child or children in this case is  The United States of America or  Other (specify): \_\_\_\_\_.

**13 Penalties for Violating This Order**

If you violate this order, you may be subject to civil or criminal penalties, or both.

**14 Duration of Child Custody, Visitation, and Support Orders**

If this form is attached to Form DV-130 (*Restraining Order After Hearing*), the custody and visitation orders in this form remain in effect after the restraining orders on Form DV-130 end.

**This is a Court Order.**

This form is attached to  DV-110, *Temporary Restraining Order*  DV-130, *Restraining Order After Hearing*  
 DV-140, *Child Custody and Visitation Order*

**1 Name of Protected Person:** \_\_\_\_\_  Mom  Dad  Other\*

**2 Other Parent's Name:** \_\_\_\_\_  Mom  Dad  Other\*

\*If Other, specify relationship to child: \_\_\_\_\_

### The Court Orders:

**3 Mediation, Visitation and Exchange**

- a.  Parties must go to mediation at: \_\_\_\_\_
- b.  Visitation of children is supervised.  
Parent to be supervised is:  Mom  Dad  Other (name): \_\_\_\_\_
- c.  Exchanges of children are supervised.

**4 Schedule of Supervised Visits**

- a.  All visits as provided in the schedule on Form DV-140, item ④(d) are to be supervised.
- b.  Supervised visits shall be \_\_\_\_\_ visit(s) per week of \_\_\_\_\_ hours(s) each, to be arranged with the provider.
- c.  Other schedule of supervised visits is attached. (*Check here and attach a sheet of paper with "DV-150, Other Schedule" for a title.*)

**5 Type of Provider**

- a.  Professional (individual or supervised visitation center)
- b.  Nonprofessional
- c.  Therapeutic (licensed mental health professional)

**6 Provider's Information**

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

Telephone number: \_\_\_\_\_

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

**7 Costs Will Be Paid As Follows:**

- Mom to pay: \_\_\_\_\_ %
- Dad to pay: \_\_\_\_\_ %
- Other: \_\_\_\_\_

**8 Contact With Provider**

- Mom to contact provider before (date): \_\_\_\_\_
- Dad to contact provider before (date): \_\_\_\_\_
- Other: \_\_\_\_\_

**9 The court also orders (specify):** \_\_\_\_\_

**This is a Court Order.**



**DV-115****Request to Continue Court Hearing and  
Reissue Temporary Restraining Order**

Use this form to change the hearing date listed on Form DV-109, *Notice of Court Hearing*. (Read DV-115-INFO, How to Ask for a New Hearing Date for more information).

**1 Name of Person Asking for Protection:**Your lawyer in this case (*if you have one*): \_\_\_\_\_

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

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

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

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

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

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

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

Clerk stamps date here when form is filed.

Fill in court name and street address:

**Superior Court of California, County of**

Fill in case number:

**Case Number:****2 Name of Person to Be Restrained:**Mailing Address (*if known*): \_\_\_\_\_

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

**3 Request to Continue Hearing and Reissue Temporary Restraining Order**

- a. The hearing date is (*date*): \_\_\_\_\_
- b. The *Notice of Court Hearing* (Form DV-109) and any temporary restraining orders have been reissued \_\_\_\_\_ times.
- c. I ask the judge to continue the *Notice of Court Hearing* (Form DV-109) and reissue any temporary restraining orders granted on *Temporary Restraining Order* (Form DV-110) because:
  1.  I could not get the papers served before the hearing date.
  2.  Other (*specify*): \_\_\_\_\_

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

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

Lawyer's name, if you have one

Sign your name

Lawyer's signature

**This is not a Court Order.**



## You may need to ask for a new hearing date

If you are unable to have Form DV-109 (*Notice of Court Hearing*) and other papers served in time before the hearing date, use Form DV-115, *Request to Continue Court Hearing and Reissue Temporary Restraining Order*.

## What does Form DV-115 do?

On Form DV-115 you ask the judge to “continue” the court hearing and “reissue” any temporary restraining orders on Form DV-110, *Temporary Restraining Order*.

- “Continue” the hearing means to give you a new hearing date.
- “Reissue” means to keep any temporary orders in effect until the new hearing date.

## Follow these steps:

- Fill out all of Form DV-115.
- Fill out items ① and ② on Form DV-116, *Notice of New Hearing Date and Order on Reissuance*.
- The judge will need to review your papers. In some courts, you must give your papers to the clerk. Ask the court clerk for information on how you ask the judge to review your papers.
- If the judge signs Form DV-116, the court will give you a new hearing date.
- File both forms with the clerk. The clerk will make up to three file-stamped copies for you. Keep at least one copy to bring to court on the hearing date.
- Have a copy of all court papers served personally on the person to be restrained by the time listed in item ⑦(c) on Form DV-116.
- Now the temporary orders, if any, will last until the new hearing date.
- Ask the person who serves the papers to complete Form DV-200, *Proof of Personal Service*, and give it to you. Make two copies and bring them all to court on the hearing date.
- The clerk will send the restraining order to law enforcement or CLETS for you. CLETS is a statewide computer system that lets police know about the order.

**Bring a copy of all of your papers and the original Form DV-200, *Proof of Personal Service*, to the court hearing.**

## Need help?

Ask the court clerk about free or low-cost legal help.

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.



Clerk stamps below when form is filed.

1 Protected person's name:

---

2 Your name (restrained person):

---

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

---

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

Your phone # (*optional*): (\_\_\_\_\_) \_\_\_\_\_

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

---

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Court name and street address:

**Superior Court of California, County of****3 To the person selling or turning in firearms:**

When you sell or turn in your firearms, ask law enforcement or the gun dealer to complete item ④ or ⑤ and item ⑥. After the form is signed, take it to the court clerk. Keep a copy. For help, read Form DV-810.

**4****To: Law Enforcement**

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

The firearms listed below were turned in on:

Date: \_\_\_\_\_ at: \_\_\_\_  a.m.  p.m.

To: \_\_\_\_\_

*Name and title of law enforcement agent*

*Name of law enforcement agency*

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 parts ⑤ and ⑥ of this form. Keep a copy and give the original to the person who sold the firearms to you.

The firearms listed below were sold 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*

**6****Firearm Make**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Check here if more firearms. Attach a sheet of paper and write "DV-800, Item 6 — Firearms Turned In or Sold" at the top. Include make, model and serial # for all other firearms.

**Model**

\_\_\_\_\_

**Serial #**

\_\_\_\_\_



**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 a licensed gun dealer

**3 How do I sell 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.

**DO:**

- unload your firearm.
- put your firearm in the trunk.
- leave firearm in the trunk until told what to do by law enforcement
- call ahead to the police department

**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.

**8 Questions?**

Call your local law enforcement agency:

*[insert local information here]*



## WAIVER OF COURT FEES AND COSTS

**THE LAW DOES NOT ALLOW PERSONNEL OF THE OFFICE OF THE CLERK OF THE  
SUPERIOR COURT TO ASSIST IN THE SELECTION OR PREPARATION OF ANY  
FORMS OR TO ADVISE YOU AS TO ANY PROCEDURE TO BE FOLLOWED IN  
OBTAINING A JUDGMENT**

Attached are the forms usually necessary to commence an action for Waiver of Court Fees and Costs.

| <b><u>Form #</u></b> | <b><u>Title</u></b>   | <b><u>Number of Copies</u></b> |
|----------------------|---|--------------------------------|
| FW-001 Info          | Information Sheet on Waiver of Court Fees and Costs           | 1                              |
| FW-001               | Application for Waiver of Court Fees and Costs                | 1                              |
| FW-003               | Order on Application for Waiver of Court Fees and Costs       | 1                              |
| FW-010               | Notice to Court of Improved Financial Situation or Settlement | 1                              |
| CIV-110              | Request for Dismissal   | 1                              |

**ALL FORMS MUST BE TYPED OR LEGIBLY PRINTED IN BLACK INK AND SIGNED.**  
Complete all forms in their entirety, i.e., all boxes checked as applicable; attachments attached, if applicable; and “NONE”, “NOT APPLICABLE”, or “UNKNOWN” typed in if required.



## INFORMATION SHEET ON WAIVER OF SUPERIOR COURT FEES AND COSTS

If you have been sued or if you wish to sue someone, or if you are filing or have received a family law petition, and if you cannot afford to pay court fees and costs, you may not have to pay them in order to go to court. If you are getting public benefits, are a low-income person, or do not have enough income to pay for your household's basic needs *and* your court fees, you may ask the court to waive all or part of your court fees.

1. To make a request to the court to waive your fees in superior court, complete the *Request to Waive Court Fees* (form FW-001). If you qualify, the court will waive all or part of its fees for the following:
  - Filing papers in superior court (other than for an appeal in a case with a value of over \$25,000)
  - Making and certifying copies
  - Sheriff's fee to give notice
  - Court fees for telephone hearings
  - Reporter's daily fee (*for up to 60 days after the grant of the fee waiver, at the court-approved daily rate*)
  - Preparing, certifying, copying, and sending the clerk's transcript on appeal.
  - Giving notice and certificates
  - Sending papers to another court department
  - Having a court-appointed interpreter in small claims court
2. You may ask the court to waive other court fees during your case in superior court as well. To do that, complete a *Request to Waive Additional Court Fees (Superior Court)* (form FW-002). The court will consider waiving fees for items such as the following, or other court services you need for your case:
  - Jury fees and expenses
  - Fees for court-appointed experts
  - Reporter's daily fees (*beyond the 60-day period after the grant of the fee waiver, at the court-approved daily rate*)
  - Fees for a peace officer to testify in court
  - Court-appointed interpreter fees for a witness
  - Other necessary court fees
3. If you want the Appellate Division of Superior Court or the Court of Appeal to review an order or judgment against you and you want the court fees waived, ask for and follow the instructions on *Information Sheet on Waiver of Appellate Court Fees, Supreme Court, Court of Appeal, Appellate Division* (form APP-015/FW-015-INFO).

### IMPORTANT INFORMATION!

- **You are signing your request under penalty of perjury. Please answer truthfully, accurately, and completely.**
- **The court may ask you for information and evidence.** You may be ordered to go to court to answer questions about your ability to pay court fees and costs and to provide proof of eligibility. Any initial fee waiver you are granted may be ended if you do not go to court when asked. You may be ordered to repay amounts that were waived if the court finds you were not eligible for the fee waiver.
- **If you receive a fee waiver, you must tell the court if there is a change in your finances.** You must tell the court within five days if your finances improve or if you become able to pay court fees or costs during this case. (File *Notice to Court of Improved Financial Situation or Settlement* (form FW-010) with the court.) You may be ordered to repay any amounts that were waived after your eligibility came to an end.
- **If you receive a judgment or support order in a family law matter:** You may be ordered to pay all or part of your waived fees and costs if the court finds your circumstances have changed so that you can afford to pay. You will have the opportunity to ask the court for a hearing if the court makes such a decision.
- **If you win your case in the trial court:** In most circumstances the other side will be ordered to pay your waived fees and costs to the court. The court will not enter a satisfaction of judgment until the court is paid. (This does not apply in unlawful detainer cases. Special rules apply in family law cases. (Government Code, section 68637(d), (e).)
- **If you settle your civil case for \$10,000 or more:** Any trial court waived fees and costs must first be paid to the court out of the settlement. **The court will have a lien on the settlement in the amount of the waived fees and costs.** The court may refuse to dismiss the case until the lien is satisfied. A request to dismiss the case (use form CIV-110) must have a declaration under penalty of perjury that the waived fees and costs have been paid. Special rules apply to family law cases.
- **The court can collect fees and costs due to the court.** If waived fees and costs are ordered paid to the trial court, the court can start collection proceedings and add a \$25 fee plus any additional costs of collection to the other fees and costs owed to the court.
- **The fee waiver ends.** The fee waiver expires 60 days after the judgment, dismissal, or other final disposition of the case or earlier if a court finds that you are not eligible for a fee waiver.
- **If you are in jail or state prison:** Prisoners may be required to pay the full cost of the filing fee in the trial court but may be allowed to do so over time.



If you are getting public benefits, are a low-income person, or do not have enough income to pay for household's basic needs and your court fees, you may use this form to ask the court to waive all or part of your court fees. The court may order you to answer questions about your finances. If the court waives the fees, you may still have to pay later if:

- You cannot give the court proof of your eligibility,
- Your financial situation improves during this case, or
- You settle your civil case for **\$10,000** or more. The trial court that waives your fees will have a lien on any such settlement in the amount of the waived fees and costs. The court may also charge you any collection costs.

**1 Your Information** (person asking the court to waive the fees):

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

Street or mailing address: \_\_\_\_\_

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

Phone number: \_\_\_\_\_

**2 Your Job**, if you have one (job title): \_\_\_\_\_

Name of employer: \_\_\_\_\_

Employer's address: \_\_\_\_\_

**3 Your lawyer**, if you have one (name, firm or affiliation, address, phone number, and State Bar number):  
\_\_\_\_\_

- a. The lawyer has agreed to advance all or a portion of your fees or costs (check one): Yes  No   
 b. (If yes, your lawyer must sign here) Lawyer's signature: \_\_\_\_\_

If your lawyer is not providing legal-aid type services based on your low income, you may have to go to a hearing to explain why you are asking the court to waive the fees.

**4 What court's fees or costs are you asking to be waived?**

- Superior Court (See *Information Sheet on Waiver of Superior Court Fees and Costs* (form FW-001-INFO).)  
 Supreme Court, Court of Appeal, or Appellate Division of Superior Court (See *Information Sheet on Waiver of Appellate Court Fees and Costs* (form APP-015/FW-015-INFO).)

**5 Why are you asking the court to waive your court fees?**

- a.  I receive (check all that apply):  Medi-Cal  Food Stamps  SSI  SSP  County Relief/General Assistance  IHSS (In-Home Supportive Services)  CalWORKS or Tribal TANF (Tribal Temporary Assistance for Needy Families)  CAPI (Cash Assistance Program for Aged, Blind and Disabled)  
 b.  My gross monthly household income (before deductions for taxes) is less than the amount listed below.  
 (If you check 5b you must fill out 7, 8 and 9 on page 2 of this form.)

| Family Size | Family Income | Family Size | Family Income | Family Size | Family Income | If more than 6 people at home, add \$412.50 for each extra person. |
|-------------|---------------|-------------|---------------|-------------|---------------|--|
| 1           | \$1,163.55    | 3           | \$1,988.55    | 5           | \$2,813.55    |  |
| 2           | \$1,576.05    | 4           | \$2,401.05    | 6           | \$3,226.05    |  |

- c.  I do not have enough income to pay for my household's basic needs and the court fees. I ask the court to (check one):  waive all court fees  waive some of the court fees  let me make payments over time (Explain): \_\_\_\_\_ (If you check 5c, you must fill out page 2.)

**6**  Check here if you asked the court to waive your court fees for this case in the last six months.

(If your previous request is reasonably available, please attach it to this form and check here:  )

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

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

Print your name here

Sign here

Your name: \_\_\_\_\_

If you checked 5a on page 1, do not fill out below. If you checked 5b, fill out questions 7, 8, and 9 only. If you checked 5c, you **must** fill out this entire page. If you need more space, attach form MC-025 or attach a sheet of paper and write Financial Information and your name and case number at the top.

- 7**  Check here if your income changes a lot from month to month.  
Fill out below based on your average income for the past 12 months.

**8 Your Monthly Income**

- a. Gross monthly income (*before deductions*): \$ \_\_\_\_\_  
List each payroll deduction and amount below:  
(1) \_\_\_\_\_ \$ \_\_\_\_\_  
(2) \_\_\_\_\_ \$ \_\_\_\_\_  
(3) \_\_\_\_\_ \$ \_\_\_\_\_  
(4) \_\_\_\_\_ \$ \_\_\_\_\_  
  
b. Total deductions (*add 8a (1)-(4) above*): \$ \_\_\_\_\_  
c. Total monthly take-home pay (*8a minus 8b*): \$ \_\_\_\_\_  
d. List the source and amount of *any* other income you get each month, including: spousal/child support, retirement, social security, disability, unemployment, military basic allowance for quarters (BAQ), veterans payments, dividends, interest, trust income, annuities, net business or rental income, reimbursement for job-related expenses, gambling or lottery winnings, etc.  
(1) \_\_\_\_\_ \$ \_\_\_\_\_  
(2) \_\_\_\_\_ \$ \_\_\_\_\_  
(3) \_\_\_\_\_ \$ \_\_\_\_\_  
(4) \_\_\_\_\_ \$ \_\_\_\_\_  
  
e. Your total monthly income is (*8c plus 8d*): \$ \_\_\_\_\_

**9 Household Income**

- a. List all other persons living in your home and their income; include only your spouse and all individuals who depend in whole or in part on you for support, or on whom you depend in whole or in part for support.

| Name | Age | Relationship | Gross Monthly Income |
|------|-----|--------------|----------------------|
| (1)  |     |              | \$ _____             |
| (2)  |     |              | \$ _____             |
| (3)  |     |              | \$ _____             |
| (4)  |     |              | \$ _____             |

- b. Total monthly income of persons above: \$ \_\_\_\_\_

Total monthly income and household income (*8e plus 9b*): \$ \_\_\_\_\_

To list any other facts you want the court to know, such as unusual medical expenses, family emergencies, etc., attach form MC-025. Or attach a sheet of paper, and write Financial Information and your name and case number at the top. Check here if you attach another page.

**Important! If your financial situation or ability to pay court fees improves, you must notify the court within five days on form FW-010.**

**10 Your Money and Property**

- a. Cash \_\_\_\_\_ \$ \_\_\_\_\_  
b. All financial accounts (*List bank name and amount*):  
(1) \_\_\_\_\_ \$ \_\_\_\_\_  
(2) \_\_\_\_\_ \$ \_\_\_\_\_  
(3) \_\_\_\_\_ \$ \_\_\_\_\_  
(4) \_\_\_\_\_ \$ \_\_\_\_\_  
  
c. Cars, boats, and other vehicles  
Make / Year      Fair Market Value      How Much You Still Owe  
(1) \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
(2) \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
(3) \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
  
d. Real estate  
Address      Fair Market Value      How Much You Still Owe  
(1) \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
(2) \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
(3) \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
  
e. Other personal property (jewelry, furniture, furs, stocks, bonds, etc.):  
Describe      Fair Market Value      How Much You Still Owe  
(1) \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
(2) \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
(3) \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

**11 Your Monthly Expenses**

*(Do not include payroll deductions you already listed in 8b.)*

- a. Rent or house payment & maintenance \$ \_\_\_\_\_  
b. Food and household supplies \$ \_\_\_\_\_  
c. Utilities and telephone \$ \_\_\_\_\_  
d. Clothing \$ \_\_\_\_\_  
e. Laundry and cleaning \$ \_\_\_\_\_  
f. Medical and dental expenses \$ \_\_\_\_\_  
g. Insurance (life, health, accident, etc.) \$ \_\_\_\_\_  
h. School, child care \$ \_\_\_\_\_  
i. Child, spousal support (another marriage) \$ \_\_\_\_\_  
j. Transportation, gas, auto repair and insurance \$ \_\_\_\_\_  
k. Installment payments (*list each below*):  
Paid to:  
(1) \_\_\_\_\_ \$ \_\_\_\_\_  
(2) \_\_\_\_\_ \$ \_\_\_\_\_  
(3) \_\_\_\_\_ \$ \_\_\_\_\_  
  
l. Wages/earnings withheld by court order \$ \_\_\_\_\_  
m. Any other monthly expenses (*list each below*). \$ \_\_\_\_\_  
Paid to:  
(1) \_\_\_\_\_ \$ \_\_\_\_\_ How Much?  
(2) \_\_\_\_\_ \$ \_\_\_\_\_  
(3) \_\_\_\_\_ \$ \_\_\_\_\_

Total monthly expenses (*add 11a – 11m above*): \$ \_\_\_\_\_

Clerk stamps date here when form is filed.

**1 Person who asked the court to waive court fees:**

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

Street or mailing address: \_\_\_\_\_

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

**2 Lawyer, if person in ① has one (name, address, phone number, e-mail, and State Bar number):**  
\_\_\_\_\_  
\_\_\_\_\_**3 A request to waive court fees was filed on (date):** \_\_\_\_\_

The court made a previous fee waiver order in this case on (date): \_\_\_\_\_

**Read this form carefully. All checked boxes ✓ are court orders.**

Fill in court name and street address:

Superior Court of California, County of \_\_\_\_\_

Fill in case number and case name:

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

Case Name: \_\_\_\_\_

**Notice:** The court may order you to answer questions about your finances and later order you to pay back the waived fees. If this happens and you do not pay, the court can make you pay the fees and also charge you collection fees. If there is a change in your financial circumstances during this case that increases your ability to pay fees and costs, you must notify the trial court within five days. (Use form FW-010.) If you win your case, the trial court may order the other side to pay the fees. If you settle your civil case for **\$10,000** or more, the trial court will have a lien on the settlement in the amount of the waived fees. The trial court may not dismiss the case until the lien is paid.

**4 After reviewing your (check one):  Request to Waive Court Fees  Request to Waive Additional Court Fees the court makes the following orders:**a.  The court grants your request, as follows:

- (1)  **Fee Waiver.** The court grants your request and waives your court fees and costs listed below. (*Cal. Rules of Court, rule 3.55.*) You do not have to pay the court fees for the following:
- |   |   |
|---|---|
| • Filing papers in Superior Court   | • Giving notice and certificates                            |
| • Making copies and certifying copies   | • Sending papers to another court department                |
| • Sheriff's fee to give notice  | • Court-appointed interpreter in small claims court         |
| • Reporter's daily fee ( <i>for up to 60 days following the fee waiver order at the court-approved daily rate</i> ) | • Preparing and certifying the clerk's transcript on appeal |
| • Preparing and certifying the clerk's transcript on appeal   | • Court fees for phone hearings                             |

- (2)  **Additional Fee Waiver.** The court grants your request and waives your additional superior court fees and costs that are checked below. (*Cal. Rules of Court, rule 3.56.*) You do not have to pay for the checked items.
- |   |   |
|---|---|
| <input type="checkbox"/> Jury fees and expenses   | <input type="checkbox"/> Fees for a peace officer to testify in court   |
| <input type="checkbox"/> Fees for court-appointed experts   | <input type="checkbox"/> Court-appointed interpreter fees for a witness |
| <input type="checkbox"/> Reporter's daily fees ( <i>beyond the 60-day period following the fee waiver order</i> ) |   |
| <input type="checkbox"/> Other (specify): _____   |   |

- (3)  **Fee Waiver for Appeal.** The court grants your request and waives the fees and costs checked below, for your appeal. (*Cal. Rules of Court, rules 3.55, 3.56, 8.26, and 8.818.*) You do not have to pay for the checked items.
- |   |  |
|---|--|
| <input type="checkbox"/> Preparing and certifying clerk's transcript for appeal |  |
| <input type="checkbox"/> Other (specify): _____                                 |  |

Your name: \_\_\_\_\_

- b.  The court **denies** your request, as follows:

**Warning!** If you miss the deadline below, the court cannot process your request for hearing or the court papers you filed with your original request. If the papers were a notice of appeal, the appeal may be dismissed.

- (1)  The court **denies** your request because it is incomplete. You have **10 days** after the clerk gives notice of this order (see date below) to:

- Pay your fees and costs, or
- File a new revised request that includes the items listed below (*specify incomplete items*): \_\_\_\_\_

- (2)  The court **denies** your request because the information you provided on the request shows that you are not eligible for the fee waiver you requested (*specify reasons*): \_\_\_\_\_

The court has enclosed a blank *Request for Hearing About Court Fee Waiver Order (Superior Court)*, form FW-006. You have **10 days** after the clerk gives notice of this order (see date below) to:

- Pay your fees and costs, or
- Ask for a hearing in order to show the court more information. (*Use form FW-006 to request hearing.*)

- c.  The court needs more information to decide whether to grant your request. You must go to court on the date below. The hearing will be about (*specify questions regarding eligibility*): \_\_\_\_\_

- Bring the following proof to support your request if reasonably available: \_\_\_\_\_

|              |              |             |   |
|--------------|--------------|-------------|---|
| Hearing Date | Date: _____  | Time: _____ | Name and address of court if different from page 1: |
|              | Dept.: _____ | Rm.: _____  |   |

**Warning!** If item c is checked, and you do not go to court on your hearing date, the judge will deny your request to waive court fees, and you will have 10 days to pay your fees. If you miss that deadline, the court cannot process the court papers you filed with your request. If the papers were a notice of appeal, the appeal may be dismissed.

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

Signature of (check one):  Judicial Officer  Clerk, Deputy

**Request for Accommodations.** Assistive listening systems, computer-assisted real-time captioning, or sign language interpreter services are available if you ask at least 5 days before your hearing. Contact the clerk's office for *Request for Accommodation*, Form MC-410. (Civil Code, § 54.8.)

#### **Clerk's Certificate of Service**

I certify that I am not involved in this case and (check one):  A certificate of mailing is attached.

- I handed a copy of this order to the party and attorney, if any, listed in ① and ②, at the court, on the date below.
- This order was mailed first class, postage paid, to the party and attorney, if any, at the addresses listed in ① and ②, from (city): \_\_\_\_\_, California on the date below.

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

Clerk, by \_\_\_\_\_, Deputy

Clerk stamps date here when form is filed.

## (1) Your Information (person with a fee waiver):

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

Street or mailing address: \_\_\_\_\_

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

Phone number: \_\_\_\_\_

(2) Your lawyer, if you have one (name, address, phone number, e-mail, and State Bar number):  
\_\_\_\_\_  
\_\_\_\_\_(3) Date of your last court fee waiver order in this case:  
(date) \_\_\_\_\_

Fill out court name and street address:

Superior Court of California, County of \_\_\_\_\_

Fill out case number and case name:

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

Case Name: \_\_\_\_\_

**Notice:** The court may order you to answer questions about your finances and later order you to pay back the waived fees. If this happens and you do not pay, the court can make you pay the fees and also charge you collection fees. If there is a change in your financial circumstances during this case that increases your ability to pay fees and costs, you must notify the trial court within five days. (Use form FW-010.) If you win your case, the trial court may order the other side to pay the fees. If you settle your civil case for **\$10,000** or more, the trial court will have a lien on the settlement in the amount of the waived fees. The trial court may not dismiss the case until the lien is paid.

- (4)  My financial situation has changed since the date of the last court fee waiver order in a way that improves my ability to pay fees. I ask the court to do one of the following:
- a.  **End** my fee waiver because my financial situation has improved and I am able to pay my court fees and costs that are due after (date): \_\_\_\_\_ .
  - b.  **Review** my updated financial information in the attached *Request to Waive Court Fees*. I believe I am still eligible for a fee waiver. (*Complete form FW-001 and attach to this form.*)
- (5)  My case has settled for (check one)  less than \$10,000  \$10,000 or more (if so, complete a and b below.)
- a. I (check one)  have  have not received the proceeds of the settlement.
  - b. The name and address of the party who has agreed to pay the settlement:  
\_\_\_\_\_  
\_\_\_\_\_

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

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

Print your name here

Sign here



ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):

FOR COURT USE ONLY

TELEPHONE NO.:

FAX NO. (Optional):

E-MAIL ADDRESS (Optional):

ATTORNEY FOR (Name):

**SUPERIOR COURT OF CALIFORNIA, COUNTY OF**

STREET ADDRESS:

MAILING ADDRESS:

CITY AND ZIP CODE:

BRANCH NAME:

PLAINTIFF/PETITIONER:

DEFENDANT/RESPONDENT:

**REQUEST FOR DISMISSAL**

- Personal Injury, Property Damage, or Wrongful Death  
 Motor Vehicle     Other  
 Family Law     Eminent Domain  
 Other (specify) :

CASE NUMBER:

**- A conformed copy will not be returned by the clerk unless a method of return is provided with the document. -****1. TO THE CLERK: Please dismiss this action as follows:**

- a. (1)  With prejudice    (2)  Without prejudice  
b. (1)  Complaint    (2)  Petition  
(3)  Cross-complaint filed by (name):  
(4)  Cross-complaint filed by (name):  
(5)  Entire action of all parties and all causes of action  
(6)  Other (specify):\*

**2. (Complete in all cases except family law cases.)**

- Court fees and costs were waived for a party in this case. (This information may be obtained from the clerk. If this box is checked, the declaration on the back of this form must be completed).

Date:

(TYPE OR PRINT NAME OF  ATTORNEY  PARTY WITHOUT ATTORNEY)

\*If dismissal requested is of specified parties only or of specified causes of action only, or of specified cross-complaints only, so state and identify the parties, causes of action, or cross-complaints to be dismissed.

**3. TO THE CLERK: Consent to the above dismissal is hereby given.\*\***

Date:

(TYPE OR PRINT NAME OF  ATTORNEY  PARTY WITHOUT ATTORNEY)

\*\* If a cross-complaint – or Response (Family Law) seeking affirmative relief – is on file, the attorney for cross-complainant (respondent) must sign this consent if required by Code of Civil Procedure section 581 (i) or (j).

(To be completed by clerk)

4.  Dismissal entered as requested on (date):  
5.  Dismissal entered on (date):                          as to only (name):  
6.  Dismissal **not entered** as requested for the following reasons (specify):  
7. a.  Attorney or party without attorney notified on (date):  
b.  Attorney or party without attorney not notified. Filing party failed to provide  
 a copy to be conformed     means to return conformed copy

Date:

Clerk, by \_\_\_\_\_, Deputy \_\_\_\_\_

|  |              |
|--|--------------|
| PLAINTIFF/PETITIONER:<br>DEFENDANT/RESPONDENT: | CASE NUMBER: |
|--|--------------|

### Declaration Concerning Waived Court Fees

The court has a statutory lien for waived fees and costs on any recovery of \$10,000 or more in value by settlement, compromise, arbitration award, mediation settlement, or other recovery. The court's lien must be paid before the court will dismiss the case.

1. The court waived fees and costs in this action for (*name*): \_\_\_\_\_
2. The person in item 1 (*check one*):
  - a.  is not recovering anything of value by this action.
  - b.  is recovering less than \$10,000 in value by this action.
  - c.  is recovering \$10,000 or more in value by this action. (*If item 2c is checked, item 3 must be completed.*)
3.  All court fees and costs that were waived in this action have been paid to the court (*check one*):  Yes  No

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 NAME OF  ATTORNEY  PARTY MAKING DECLARATION)

(SIGNATURE) 

## SMALL CLAIMS

**The law does not allow personnel of the Office of the Clerk of the Superior Court to assist in the selection or preparation of any forms or to advise you as to any procedure to be followed in obtaining a judgment.**

Attached are the forms usually necessary for initiating a small claims action. These instructions and small claims forms are available on our website at [www.monterey.courts.ca.gov](http://www.monterey.courts.ca.gov). The Judicial Council forms (SC prefix) are also available at [www.courtinfo.ca.gov/forms](http://www.courtinfo.ca.gov/forms). For free assistance in completing court forms go to [www.ezlegalfile.com](http://www.ezlegalfile.com), an interactive electronic forms program.

| <b>Form No.</b> | <b>Title</b>  | <b>Number of Copies</b> |
|-----------------|---|-------------------------|
| SC-100          | Plaintiff's Claim and Order to Go to Small Claims Court   | 1                       |
| SC-100-Info     | Information for the Plaintiff                             | 1                       |
| SC-100A         | Other Plaintiffs and Defendants                           | 1                       |
| SC-103          | Fictitious Business Name Declaration                      | 1                       |
| SC-109          | Authorization to Appear on Behalf of Party                | 1                       |
| SC-150          | Request to Postpone Trial                                 | 1                       |
| SC-200-Info     | What to Do After the Court Decides Your Small Claims Case | 1                       |

**All forms must be typed, legibly printed or hand written, in blue-black or black ink.** Illegible or incomplete forms will delay the processing of the case. All forms must be completely filled out, i.e., all boxes checked as applicable, dated, signed, etc.

**Instructions for filing the plaintiff's claim with the Court:**

1. Submit **one original and three copies** of the completed **SC-100 (all 5 pages must be included)**. The Court will charge a fee if copies are not provided.
2. Submit one copy of the other applicable forms.
3. Pay a filing fee as follows:
  - a. \$30.00 if filing a claim up to \$1,500.00
  - b. \$50.00 if filing a claim greater than \$1,500.00 but less than \$5,000.00
  - c. \$75.00 if filing a claim greater than \$5,000.00 and up to \$10,000.00 (natural persons only)
  - d. \$100.00 if filing more than 12 Small Claims in the preceding 12 months.If you are filing your claim by mail, please enclose a self-addressed postage paid envelope.
4. Inform the court clerk of the method of service you prefer on the Plaintiff's Claim:
  - a. Certified Mail: The court will mail the Plaintiff's Claim to the defendant by certified mail. The fee for this service is \$10.00 per defendant. (Include this fee with the Plaintiff's Claim filing fee). You must include an envelope, pre-addressed (no return address), for each defendant that you wish to have the court serve.
  - b. Personal Service by the Sheriff: Contact the Sheriff's office in the county where the defendant resides to obtain instructions. The Sheriff's office will charge a fee for this process. If the defendant resides in Monterey County, the fee for personal service is \$30.00 for each defendant. Please contact the Sheriff's office at (831) 755-3712 to obtain additional information and the most current fees.

**For additional questions or information:**

Monterey College of Law Small Claims Advisor Services – Call (831) 582-5235 to make an appointment.

Superior Court of California, County of Monterey, Monterey Division – You may access the Court's automated phone system by calling (831) 647-5800. For small claims information, press #7; for division hours and locations, press #2.

## SMALL CLAIMS

### SUPERIOR COURT ADDITIONAL INSTRUCTIONS TO PLAINTIFF

It is very important to know the legal name of the person or business you are filing a claim against. If you fail to designate the legal name of the person or business properly, you may be unable to proceed with your claim or enforce your judgment.

#### HOW TO DESIGNATE PARTIES IN A SMALL CLAIMS ACTION

| IF PLAINTIFF/DEFENDANT IS A(N)...                          | DESIGNATE AS...   | ADDITIONAL INFORMATION   |
|--|---|--|
| <b>Individual</b>  | John L. Doe<br>123 1st Street<br>Somewhere, CA 90000  | <ul style="list-style-type: none"> <li>The plaintiff must sign the claim</li> </ul>  |
| <b>Husband and Wife</b>                                    | John L. Doe and Jane Doe<br>123 1st Street<br>Somewhere, CA 90000   | <ul style="list-style-type: none"> <li>If plaintiff, either one may sign the claim.</li> </ul>   |
| <b>Minor Represented by Guardian Ad Litem</b>              | James Doe, a minor<br>by James Doe –Guardian Ad Litem   | <ul style="list-style-type: none"> <li>Guardian must sign claim</li> <li>Petition and Order granting Guardian AD Litem must be filed and granted, form SC-.</li> </ul>   |
| <b>Individual Doing Business Under a Fictitious Name</b>   | John L. Doe, d.b.a.<br>ABC Auto Parts<br>123 Business Street<br>Somewhere, CA 90000   | <ul style="list-style-type: none"> <li>Plaintiff must file a Fictitious Name Declaration (SC-103)</li> <li>If plaintiff, owner must sign claim</li> </ul>  |
| <b>*Partnership</b>  | ABC Auto Parts, a partnership composed of<br>John Doe and Sam Smith, Partners<br><sup>A</sup> Agent for Service: John Doe<br>123 Business Street<br>Somewhere, CA 90000 | <ul style="list-style-type: none"> <li>If designated party is the plaintiff, one of the partners must sign claim.</li> <li><sup>A</sup>If designated party is the defendant, include the name of the Agent for Service</li> </ul>  |
| <b>*Partnership and Service on Partners as Individuals</b> | ABC Auto Parts,<br>A partnership composed<br>of John Doe and Sam Smith, Partners<br>Somewhere, CA 90000   | <ul style="list-style-type: none"> <li>If designated party is the plaintiff, one of the partners must sign claim</li> <li>If designated party is the defendant, include the name of the Agent for Service</li> </ul>   |
| <b>*Corporation</b>  | ABC Auto Parts, Inc.<br><sup>A</sup> Agent for Service:<br>123 Business Street<br>Somewhere, CA 90000   | <ul style="list-style-type: none"> <li>If designated party is the plaintiff, officer of corporation, member of board of directors or other authorized person must sign claim</li> <li><sup>A</sup>If designated party is the defendant, include the name of the Agent for Service</li> </ul> |

\* All corporations, associations or any other entity that is not a natural person must file with the Court a declaration, signed by the owner, president or officer of the corporation, indicating that the person signing and/or filing the claim is an authorized agent of the corporation or entity.

**If you have not complied with the Fictitious Business Name laws, the Court may dismiss your claim. You may be able to re-file your claim when you have fulfilled these requirements.**

## SMALL CLAIMS

### **NOTICE TO ALL SMALL CLAIMS LITIGANTS - TRIAL DATE**

In order to maintain jurisdiction over the small claims calendars, the Court does not accept requests for a case to be dropped off calendar.

It is the responsibility of the plaintiff to contact the court prior to the court date to ensure that proof of service has been filed with the Court.

1. No Proof of service - the defendant has not been served with the Plaintiff's Claim, the plaintiff contacts the Court before the trial date and;
  - a. requests a new trial date; the court clerk is authorized, one time per case, to re-issue the Plaintiffs Claim with a new trial date within 4-6 weeks, all other requests will need to be made in Court or
  - b. the plaintiff files a Request for Dismissal of the case.
2. Proof of service was filed with the Court and;
  - a. an Application for Postponement of Trial has been granted by the Court or
  - b. the plaintiff filed with the Court, a Request for Dismissal of the case.

**The Court will proceed with the trial as scheduled if:**

1. Proof of service or partial service was filed with the Court. If a defendant named on the Plaintiffs claim has not been served, the Court will ask the Plaintiff to;
  - a. Strike or dismiss the unserved defendant(s) from the claim or
  - b. If the plaintiff does not wish to strike or dismiss the unserved defendant(s), the Court will set a new trial date for service of the Plaintiffs Claim on the defendant(s). The Plaintiff will be directed to the Clerk's office for re-issuance of the Plaintiffs Claim with the new trial date.
2. If no proof of service has been filed with the Court and the plaintiff does not contact the court prior to the trial date and appears at the trial:
  - a. the Court will set a new trial date. The Plaintiff will be directed to the Clerk's office for reissuance of the Plaintiffs Claim with the new trial date set by the Court.
3. If the Plaintiff does not contact the Court and does not appear at the trial,
  - a. and the defendant appears at the trial, the judgment will be entered for the defendant.
  - b. if neither party appears, the case will be called in Court and dismissed, without prejudice, for lack of prosecution.

**Request for postponement**

If proof of service has been filed with the Court, and one of the litigants wants a postponement:

1. The litigant must complete an application for postponement (\$10.00 non-refundable fee)
2. The application must be submitted 10 calendar days prior to the scheduled court date.
3. If the order is granted the clerk will reset the case for a new trial date.
4. The clerk will mail the order with the Court's decision to all served litigants. The plaintiff will be responsible for serving any defendants, who have not already been served, with the new trial date.
5. Only one request for postponement, per litigant, will be accepted by the clerk. All additional requests must be made in court.



Clerk stamps date here when form is filed.

**Notice to the person being sued:**

- You are the Defendant if your name is listed in ② on page 2 of this form. The person suing you is the Plaintiff, listed in ① on page 2.
- You and the Plaintiff must go to court on the trial date listed below. If you do not go to court, you may lose the case.
- If you lose, the court can order that your wages, money, or property be taken to pay this claim.
- Bring witnesses, receipts, and any evidence you need to prove your case.
- Read this form and all pages attached to understand the claim against you and to protect your rights.

**Aviso al Demandado:**

- Usted es el Demandado si su nombre figura en ② de la página 2 de este formulario. La persona que lo demanda es el Demandante, la que figura en ① de la página 2.
- Usted y el Demandante tienen que presentarse en la corte en la fecha del juicio indicada a continuación. Si no se presenta, puede perder el caso.
- Si pierde el caso la corte podría ordenar que le quiten de su sueldo, dinero u otros bienes para pagar este reclamo.
- Lleve testigos, recibos y cualquier otra prueba que necesite para probar su caso.
- Lea este formulario y todas las páginas adjuntas para entender la demanda en su contra y para proteger sus derechos.

**Order to Go to Court****The people in ① and ② must go to court:** (Clerk fills out section below.)

| Trial Date  | Date     | Time                          | Department | Name and address of court if different from above |
|-------------|----------|-------------------------------|------------|---|
|             | 1. _____ | _____                         | _____      | _____   |
|             | 2. _____ | _____                         | _____      | _____   |
|             | 3. _____ | _____                         | _____      | _____   |
| Date: _____ |          | Clerk, by _____, Deputy _____ |            |   |

**Instructions for the person suing:**

- You are the Plaintiff. The person you are suing is the Defendant.
- Before you fill out this form, read Form SC-100-INFO, *Information for the Plaintiff*, to know your rights. Get SC-100-INFO at any courthouse or county law library, or go to: [www.courts.ca.gov/smallclaims/forms](http://www.courts.ca.gov/smallclaims/forms).
- Fill out pages 2 and 3 of this form. Then make copies of **all** pages of this form. (Make 1 copy for each party named in this case and an extra copy for yourself.) Take or mail the original and these copies to the court clerk's office and pay the filing fee. The clerk will write the date of your trial in the box above.
- You must have someone at least 18—not you or anyone else listed in this case—give each Defendant a court-stamped copy of all 5 pages of this form and any pages this form tells you to attach. There are special rules for “serving,” or delivering, this form to public entities, associations, and some businesses. See Forms SC-104, SC-104B, and SC-104C.
- Go to court on your trial date listed above.** Bring witnesses, receipts, and any evidence you need to prove your case.

Fill in court name and street address:

**Superior Court of California, County of**

Clerk fills in case number and case name:

**Case Number:****Case Name:**

Plaintiff (*list names*): \_\_\_\_\_**1 The Plaintiff (the person, business, or public entity that is suing) is:**

Name: \_\_\_\_\_ Phone: (\_\_\_\_)

Street address: \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing address (*if different*): \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_**If more than one Plaintiff, list next Plaintiff here:**

Name: \_\_\_\_\_ Phone: (\_\_\_\_)

Street address: \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing address (*if different*): \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Check here if more than 2 Plaintiffs and attach Form SC-100A. Check here if either Plaintiff listed above is doing business under a fictitious name. If so, attach Form SC-103.**2 The Defendant (the person, business, or public entity being sued) is:**

Name: \_\_\_\_\_ Phone: (\_\_\_\_)

Street address: \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing address (*if different*): \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_**If more than one Defendant, list next Defendant here:**

Name: \_\_\_\_\_ Phone: (\_\_\_\_)

Street address: \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing address (*if different*): \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Check here if more than 2 Defendants and attach Form SC-100A. Check here if any Defendant is on active military duty, and write his or her name here: \_\_\_\_\_**3 The Plaintiff claims the Defendant owes \$ \_\_\_\_\_.** (*Explain below*):a. Why does the Defendant owe the Plaintiff money? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_b. When did this happen? (*Date*): \_\_\_\_\_If no specific date, give the time period: *Date started*: \_\_\_\_\_ Through: \_\_\_\_\_c. How did you calculate the money owed to you? (*Do not include court costs or fees for service.*) \_\_\_\_\_  
\_\_\_\_\_ Check here if you need more space. Attach one sheet of paper or Form MC-031 and write "SC-100, Item 3" at the top.

Plaintiff (*list names*): \_\_\_\_\_

- 4 You must ask the Defendant (in person, in writing, or by phone) to pay you before you sue. Have you done this?  Yes  No**

*If no, explain why not:* \_\_\_\_\_

- 5 Why are you filing your claim at this courthouse?**

**This courthouse covers the area (check the one that applies):**

- a.  (1) Where the Defendant lives or does business. (4) Where a contract (written or spoken) was made, signed, performed, or broken by the Defendant or where the Defendant lived or did business when the Defendant made the contract.
- (2) Where the Plaintiff's property was damaged.
- (3) Where the Plaintiff was injured.
- b.  Where the buyer or lessee signed the contract, lives now, or lived when the contract was made, if this claim is about an offer or contract for personal, family, or household goods, services, or loans. (*Code Civ. Proc., § 395(b).*)
- c.  Where the buyer signed the contract, lives now, or lived when the contract was made, if this claim is about a retail installment contract (like a credit card). (*Civil Code, § 1812.10.*)
- d.  Where the buyer signed the contract, lives now, or lived when the contract was made, or where the vehicle is permanently garaged, if this claim is about a vehicle finance sale. (*Civil Code, § 2984.4.*)
- e.  Other (*specify*): \_\_\_\_\_

- 6 List the zip code of the place checked in ⑤ above (if you know):** \_\_\_\_\_

- 7 Is your claim about an attorney-client fee dispute?  Yes  No**

*If yes, and if you have had arbitration, fill out Form SC-101, attach it to this form, and check here:* 

- 8 Are you suing a public entity?  Yes  No**

*If yes, you must file a written claim with the entity first.  A claim was filed on (date): \_\_\_\_\_  
If the public entity denies your claim or does not answer within the time allowed by law, you can file this form.*

- 9 Have you filed more than 12 other small claims within the last 12 months in California?**

 *Yes  No If yes, the filing fee for this case will be higher.*

- 10 I understand that by filing a claim in small claims court, I have no right to appeal this claim.**

- 11 I have not filed, and understand that I cannot file, more than two small claims cases for more than \$2,500 in California during this calendar year.**

*I declare, under penalty of perjury under California State law, that the information above and on any attachments to this form is true and correct.*

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

*Plaintiff types or prints name here**Plaintiff signs here*

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

*Second Plaintiff types or prints name here**Second Plaintiff signs here***Requests for Accommodations**

Assistive listening systems, computer-assisted, real-time captioning, or sign language interpreter services are available if you ask at least 5 days before the trial. Contact the clerk's office for Form MC-410, *Request for Accommodations by Persons With Disabilities and Response*. (*Civil Code, § 54.8.*)



**“Small claims court”** is a special court where claims for \$5,000 or less are decided. A “natural person” (not a business or public entity) may generally claim up to \$10,000, including a sole proprietor. (\*See below for exceptions.) The process is quick and cheap. The rules are simple and informal.

You are the Defendant—the person being sued. The person who is suing you is the Plaintiff.

### Do I need a lawyer?

You may talk to a lawyer before or after the case. But you *may not* have a lawyer represent you in court (unless this is an appeal from a small claims case).

### How do I get ready for court?

You don’t have to file any papers before your trial, unless you think this is the wrong court for your case. But bring to your trial any witnesses, receipts, and evidence that supports your case. And read “Be Prepared for Your Trial” at [www.courts.ca.gov/smallclaims/prepare](http://www.courts.ca.gov/smallclaims/prepare).

### What if I need an accommodation?

If you have a disability or are hearing impaired, fill out Form MC-410, *Request for Accommodations*. Give the form to your court clerk or the ADA/Access Coordinator.

### What if I don’t speak English well?

Bring an adult who is not a witness to interpret for you, or ask the court clerk for an interpreter at least five days before your court date. A court-provided interpreter may not be available or there may be a fee for using a court interpreter unless you qualify for a fee waiver. You may ask the court for a list of interpreters and also the *Application for Waiver of Court Fees and Costs* (form FW-001).

### Where can I get the court forms I need?

Go to any courthouse or your county law library, or print forms at: [www.courts.ca.gov/smallclaims/forms](http://www.courts.ca.gov/smallclaims/forms).

### What happens at the trial?

The judge will listen to both sides. The judge may make a decision at your trial or mail the decision to you later.

### What if I lose the case?

If you lose, you can appeal. You’ll have to pay a fee. (Plaintiffs cannot appeal their own claims.)

- If you were at the trial, file Form SC-140, *Notice of Appeal*. You must file within 30 days after the judge’s decision.
- If you were *not* at the trial, fill out and file Form SC-135, *Notice of Motion to Vacate Judgment and Declaration*, to ask the judge to cancel the judgment (decision). If the judge does not give you a new trial, you have 10 days to appeal the decision. File Form SC-140.

For more information on appeals, see:  
[www.courts.ca.gov/smallclaims/appeals](http://www.courts.ca.gov/smallclaims/appeals).

\*Exceptions: Different limits apply in an action against a defendant who is a guarantor. (See Code Civ. Proc. § 116.220(c).) In an action brought by a natural person for damages for bodily injuries resulting from an automobile accident, a \$7,500 limit applies if a defendant is covered by an automobile insurance policy that includes a duty to defend. (See Code Civ. Proc. § 116.221.)

### Do I have options?

Yes. If you are being sued, you can:

- **Settle your case before the trial.** If you and the Plaintiff agree on how to settle the case, both of you must notify the court. Ask the Small Claims Advisor for help.
- **Prove this is the wrong court.** Send a letter to the court *before* your trial, explaining why you think this is the wrong court. Ask the court to dismiss the claim. You must serve (give) a copy of your letter (by mail or in person) to all parties. (Your letter to the court must say you have done this.)
- **Go to the trial and try to win your case.** Bring witnesses, receipts, and any evidence you need to prove your case. To make sure the witnesses go to the trial, fill out Form SC-107, and the clerk will subpoena (order) them to go.
- **Sue the person who is suing you.** File Form SC-120, *Defendant’s Claim*. There are strict filing deadlines you must follow.
- **Agree with the Plaintiff’s claim and pay the money.** Or, if you can’t pay the money now, go to your trial and say you want to make payments.
- **Let the case “default.”** If you don’t settle and do not go to the trial (default), the judge may give the Plaintiff what he or she is asking for plus court costs. If this happens, the Plaintiff can legally take your money, wages, and property to pay the judgment.

### What if I need more time?

You can change the trial date if:

- You cannot go to court on the scheduled date (you will have to pay a fee to postpone the trial) *or*
- You did not get served (receive this order to go to court) at least 15 days before the trial (or 20 days if you live outside the county) *or*
- You need more time to get an interpreter. One postponement is allowed, and you will not have to pay a fee to delay the trial.

Ask the Small Claims Clerk about the rules and fees for postponing a trial. Or fill out Form SC-150 (or write a letter) and mail it to the court *and* to all other people listed on your court papers before the deadline. Enclose a check for your court fees, unless a fee waiver was granted.



### Need help?

Your county’s Small Claims Advisor can help for free.

Or go to [www.courts.ca.gov/smallclaims/advisor](http://www.courts.ca.gov/smallclaims/advisor).

La “Corte de reclamos menores” es una corte especial donde se deciden casos por \$5,000 ó menos. Una “persona natural” (que no sea un negocio ni una entidad pública) puede reclamar hasta \$10,000. Una “persona natural” (que no sea un negocio ni una entidad pública), que incluye un dueño único, generalmente puede reclamar hasta \$10,000. (\* Vea abajo para las excepciones.) El proceso es rápido y barato. Las reglas son sencillas e informales.

Usted es el Demandado — la persona que se está demandando. La persona que lo está demandando es el Demandante.

#### ¿Necesito un abogado?

Puede hablar con un abogado antes o después del caso. Pero *no puede* tener a un abogado que lo represente ante la corte (a menos que se trate de una apelación de un caso de reclamos menores).

#### ¿Cómo me preparo para ir a la corte?

No tiene que presentar ningunos papeles antes del juicio, a menos que piense que ésta es la corte equivocada para su caso. Pero lleve al juicio cualquier testigos, recibos, y cualquier pruebas que apoyan su caso. Y lea “Esté preparado para su juicio” en:

[www.courts.ca.gov/reclamosmenores/preparese](http://www.courts.ca.gov/reclamosmenores/preparese).

#### ¿Qué hago si necesito una adaptación?

Si tiene una discapacidad o tiene impedimentos de audición, llene el formulario MC-410, *Request for Accomodations*. Entregue el formulario al secretario de la corte o al Coordinador de Acceso/ADA de su corte.

#### ¿Qué pasa si no hablo inglés bien?

Traiga a un adulto que no sea testigo para que le sirva de intérprete. O pida al secretario de la corte que le asigne uno. Si quiere que la corte le asigne un intérprete, lo tiene que pedir como mínimo menos cinco días antes de la fecha en que tenga que ir a la corte. Es posible que no haya disponible un intérprete proporcionado por la corte o que tenga que pagar una cuota por emplear un intérprete de la corte, a menos que tenga una exención de cuotas. Puede pedir a la corte una lista de intérpretes y la Solicitud de exención de cuotas y costos de la corte (formulario FW-001).

#### ¿Dónde puedo obtener los formularios de la corte que necesito?

Vaya a cualquier edificio de la corte, la biblioteca legal de su condado, o imprima los formularios en: [www.courts.ca.gov/smallclaims/forms](http://www.courts.ca.gov/smallclaims/forms) (página está en inglés).

#### ¿Qué pasa en el juicio?

El juez escuchará a ambas partes. El juez puede tomar su decisión durante la audiencia o enviársela por correo después.

#### ¿Qué pasa si pierdo el caso?

Si pierde, puede apelar. Tendrá que pagar una cuota. (El Demandante no puede apelar su propio reclamo.)

- Si estuvo presente en el juicio, llene el formulario SC-140, *Aviso de apelación*. Tiene que presentarlo dentro de 30 días después de la decisión del juez.
- Si *no* estuvo en el juicio, llene y presente el formulario SC-135, *Aviso de petición para anular el fallo y Declaración* para pedirle al juez que anule el fallo (decisión). Si la corte no le otorga un nuevo juicio, tiene 10 días para apelar la decisión. Presente el formulario SC-140.

Para obtener más información sobre las apelaciones, vea: [www.courts.ca.gov/reclamosmenores/apelaciones](http://www.courts.ca.gov/reclamosmenores/apelaciones).

#### ¿Tengo otras opciones?

Sí. Si lo están demandando, puede:

- **Resolver su caso antes del juicio.** Si usted y el Demandante se ponen de acuerdo en resolver el caso, ambos tienen que notificar a la corte. Pídale al Asesor de Reclamos Menores que lo ayude.
- **Probar que es la corte equivocada.** Envíe una carta a la corte *antes* del juicio explicando por qué cree que es la corte equivocada. Pídale a la corte que despida el reclamo. Tiene que entregar (dar) una copia de su carta (por correo o en persona) a todas las partes. (Su carta a la corte tiene que decir que hizo la entrega.)
- **Ir al juicio y tratar de ganar el caso.** Lleve testigos, recibos y cualquier prueba que necesite para probar su caso. Para asegurarse que los testigos vayan al juicio, llene el formulario SC-107, y el secretario emitirá una orden de comparecencia ordenándoles que se presenten.
- **Demandar a la persona que lo demandó.** Presente el formulario SC-120, *Reclamo del demandado*. Hay fechas límite estrictas que debe seguir.
- **Aceptar el reclamo del Demandante y pagar el dinero.** O, si no puede pagar en ese momento, vaya al juicio y diga que quiere hacer los pagos.
- **No ir al juicio y aceptar el fallo por falta de comparecencia.** Si no llega a un acuerdo con el Demandante y no va al juicio (fallo por falta de comparecencia), el juez le puede otorgar al Demandante lo que está reclamando más los costos de la corte. En ese caso, el Demandante legalmente puede tomar su dinero, su sueldo o sus bienes para cobrar el fallo.

#### ¿Qué hago si necesito más tiempo?

Puede cambiar la fecha del juicio si:

- No puede ir a la corte en la fecha programada (tendrá que pagar una cuota para aplazar el juicio) o
- No le entregaron los documentos legalmente (no recibió la orden para ir a la corte) por lo menos 15 días antes del juicio (ó 20 días si vive fuera del condado) o
- Necesita más tiempo para conseguir intérprete. (Se permite un solo aplazamiento sin tener que pagar cuota para aplazar el juicio).

Pregúntele al secretario de reclamos menores sobre las reglas y las cuotas para aplazar un juicio. O llene el formulario SC-150 (o escriba una carta) y envíelo antes del plazo a la corte y a todas las otras personas que figuran en sus papeles de la corte. Adjunte un cheque para pagar los costos de la corte, a menos que le hayan dado una exención.



**¿Necesita ayuda?** El Asesor de Reclamos Menores de su condado le puede ayudar sin cargo.

O vea “Información por condado” en:

[www.courts.ca.gov/reclamosmenores/asesores](http://www.courts.ca.gov/reclamosmenores/asesores).

**\*Excepciones:** Existen diferentes límites en un reclamo contra un garante. (Vea el Código de Procedimiento Civil, sección 116.220 (c).) En un caso presentado por una persona natural por daños debido a lesiones físicas en un accidente automovilístico, existe un límite de \$7,500 si el demandado tiene cobertura bajo una póliza de seguro de vehículo que incluye la obligación de defender. (Vea el Código de Procedimiento Civil, sección 116.221.)



## INFORMATION FOR THE SMALL CLAIMS PLAINTIFF

This information sheet is written for the person who sues in the small claims court. It explains some of the rules of and some general information about the small claims court. It may also be helpful for the person who is sued.

### WHAT IS SMALL CLAIMS COURT?

Small claims court is a special court where disputes are resolved quickly and inexpensively. The rules are simple and informal. The person who sues is the **plaintiff**. The person who is sued is the **defendant**. In small claims court, you may ask a lawyer for advice before you go to court, but you cannot have a lawyer in court. Your claim cannot be for more than \$5,000 if you are a business or public entity or for more than \$10,000 if you are a natural person (including a sole proprietor). (\*See below for references to exceptions.) If you have a claim for more than this amount, you may sue in the civil division of the trial court or you may sue in the small claims court and give up your right to the amount over the limit. You cannot, however, file more than two cases in small claims court for more than \$2,500 each during a calendar year.

### WHO CAN FILE A CLAIM?

1. You must be at least *18 years old* to file a claim. If you are not yet 18, tell the clerk. You may ask the court to appoint a **guardian ad litem**. This is a person who will act for you in the case. The guardian ad litem is usually a parent, a relative, or an adult friend.
2. A person who sues in small claims court must first make a **demand**, if possible. This means that you have asked the defendant to pay, and the defendant has refused. If your claim is for possession of property, you must ask the defendant to give you the property.
3. Unless you fall within two technical exceptions, you must be the **original owner** of the claim. This means that if the claim is assigned, the buyer cannot sue in the small claims court.

**You must also appear at the small claims hearing yourself unless you filed the claim for a corporation or other entity that is not a natural person.**

4. If a corporation files a claim, an employee, an officer, or a director must act on its behalf. If the claim is filed on behalf of an association or another entity that is not a natural person, a regularly employed person of the entity must act on its behalf. A person who appears on behalf of a corporation or another entity must not be employed or associated solely for the purpose of representing the corporation or other entity in the small claims court. **You must file a declaration with the court to appear in any of these instances.** (See *Authorization to Appear on Behalf of Party*, form SC-109.)

### WHERE CAN YOU FILE YOUR CLAIM?

You must sue in the right court and location. This rule is called **venue**. Check the court's local rules if there is more than one court location in the county handling small claims cases.

If you file your claim in the wrong court, the court will dismiss the claim unless all defendants personally appear at the hearing and agree that the claim may be heard.

The right location may be any of these:

1. Where the defendant lives or where the business involved is located;
2. Where the damage or accident happened;

### SOME RULES ABOUT THE DEFENDANT (including government agencies)

1. You must sue using the defendant's *exact legal name*. If the defendant is a business or a corporation and you do not know the exact legal name, check with the state or local licensing agency, the county clerk's office, or the Office of the Secretary of State, Corporate Status Unit at [www.ss.ca.gov/business](http://www.ss.ca.gov/business). Ask the clerk for help if you do not know how to find this information. If you do not use the defendant's exact legal name, the court may be able to correct the name on your claim at the hearing or after the judgment.

### HOW DOES THE DEFENDANT FIND OUT ABOUT THE CLAIM?

You must make sure the defendant finds out about your lawsuit. This has to be done according to the rules or your case may be dismissed or delayed. The correct way of telling the defendant about the lawsuit is called **service of process**. This means giving the defendant a copy of the claim. **YOU CANNOT DO THIS YOURSELF.** Here are four ways to serve the defendant:

1. **Service by a law officer** — You may ask the marshal or sheriff to serve the defendant. A fee will be charged.
2. **Process server** — You may ask anyone who is *not a party* in your case and who is at least *18 years* to serve the defendant. The person is called a **process server** and must personally give a copy of your claim to the defendant. The person must also sign a proof of service form showing when

the defendant was served. Registered process servers will do this for you for a fee. You may also ask a friend or relative to do it.

3. **Certified mail** — You may ask the clerk of the court to serve the defendant by certified mail. The clerk will charge a fee. You should check back with the court prior to the hearing to see if the receipt for certified mail was returned to the court. **Service by certified mail must be done by the clerk's office except in motor vehicle accident cases involving out-of-state defendants.**
4. **Substituted service** — This method lets you serve another person instead of the defendant. You must follow the procedures carefully. You may also wish to use the marshal or sheriff or a registered process server.

\*Exceptions: Different limits apply in an action against a defendant who is a guarantor. (See Code Civ. Proc., § 116.220(c).) In an action brought by a natural person for damages for bodily injuries resulting from an automobile accident, a \$7,500 limit applies if a defendant is covered by an automobile insurance policy that includes a duty to defend. (See Code Civ. Proc., § 116.221.)

#### 4. Substituted service (*continued*)

A copy of your claim must be left

— at the defendant's business with the person in charge;

**OR**

— at the defendant's home with a competent person who is at least 18 years old. The person who receives the claim must be told about its contents. Another copy must be mailed, first class postage prepaid, to the defendant at the address where the paper was left. The service is not complete until 10 days after the copy is mailed.

No matter which method of service you choose, the defendant must be served by a certain date or the trial will be postponed. If the defendant lives in the county, service must be completed at least 15 days before the trial date. This period is at least 20 days if the defendant lives outside the county.

The person who serves the defendant must sign a court paper showing when the defendant was served. This paper is called a *Proof of Service* (form SC-104). It must be signed and returned to the court clerk as soon as the defendant has been served.

### WHAT IF THE DEFENDANT ALSO HAS A CLAIM?

Sometimes the person who was sued (the **defendant**) will also have a claim against the person who filed the lawsuit (the **plaintiff**). This claim is called the *Defendant's Claim*. The defendant may file this claim in the same lawsuit. This helps to resolve all of the disagreements between the parties at the same time.

If the defendant decides to file the claim in the small claims court, the claim may not be for more than \$5,000 or \$10,000 if the defendant is a natural person (\*see exceptions on page 1). If the value of the claim is more than this amount, the defendant may either give up the amount over \$5,000 or \$10,000 and sue in the small claims court or file a motion to transfer the case to the appropriate court for the full value of the claim.

The defendant's claim must be served on the plaintiff at least 5 days before the trial. If the defendant received the plaintiff's claim 10 days or less before the trial, then the claim must be served at least 1 day before the trial. Both claims will be heard by the court at the same time.

### WHAT HAPPENS AT THE TRIAL?

Be sure you are on time for the trial. The small claims trial is informal. You must bring with you all witnesses, books, receipts, and other papers or things to prove your case. You may ask the witnesses to come to court voluntarily. You may also ask the clerk of the court to issue a **subpoena**. A subpoena is a court order that *requires* the witness to go to trial. The witness has a right to charge a fee for going to the trial. If you do not have the records or papers to prove your case, you may also get a court order prior to the trial date requiring the papers to be brought to the trial. This order is called a *Small Claims Subpoena and Declaration* (form SC-107).

If you settle the case before the trial, you must file a **dismissal** form with the clerk.

The court's decision is usually mailed to you after the trial. It may also be hand delivered to you when the trial is over and after the judge has made a decision. The decision appears on a form called the *Notice of Entry of Judgment* (form SC-130 or SC-200).

### WHAT HAPPENS AFTER JUDGMENT?

The court may have ordered one party to pay money to the other party. The party who wins the case and collects the money is called the **judgment creditor**. The party who loses the case and owes the money is called the **judgment debtor**. Enforcement of the judgment is **postponed** until the time for appeal ends or until the appeal is decided. This means that the judgment creditor cannot collect any money or take any action until this period is over. Generally both parties may be represented by lawyers after judgment. More information about your rights after judgment is available on the back of the *Notice of Entry of Judgment* form. The clerk may also have this information on a separate sheet.

### HOW TO GET HELP WITH YOUR CASE

1. **Lawyers** — Both parties may ask a lawyer about the case, but a lawyer may not represent either party in court at the small claims trial. Generally, after judgment and on appeal, both parties may be represented by lawyers.
2. **Interpreters** — If you do not speak English well, bring an adult who is not a witness to interpret for you, or ask the court clerk for an interpreter at least five days before your court date. A court-provided interpreter may not be available or there may be a fee for using a court interpreter unless you qualify for a fee waiver. You may ask the court for a list of interpreters and also the *Application for Waiver of Court Fees and Costs* (form FW-001).
3. **Waiver of fees** — The court charges fees for some of its procedures. Fees are also charged for serving the defendant with the claim. The court may excuse you from paying these fees if you cannot afford them. Ask the clerk for the *Information Sheet on Waiver of Court Fees and Costs* (form FW-001-INFO) to find out if you meet the requirements so that you do not have to pay the fees.
4. **Night and Saturday court** — If you cannot go to court during working hours, ask the clerk if the court has trials at night or on Saturdays.
5. **Parties who are in jail** — If you are in jail, the court may excuse you from going to the trial. Instead, you may ask another person who is not an attorney to go to the trial for you. You may mail written declarations to the court to support your case.
6. **Accommodations** — If you have a disability and need assistance, immediately ask the court to help accommodate your needs. If you are hearing impaired and need assistance, notify the court immediately.
7. **Forms** — You can get small claims forms and more information at the California Courts Self-Help Center Web site ([www.courts.ca.gov/smallclaims](http://www.courts.ca.gov/smallclaims)), your county law library, or the courthouse nearest you.
8. **Small claims advisors** — The law requires each county to provide assistance in small claims cases free of charge. (*Small claims advisor information*):

This form is attached to Form SC-100, item 1 or 2.

**1 If more than 2 plaintiffs (person, business, or entity suing), list their information below:**

Other plaintiff's name: \_\_\_\_\_

Street address: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

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

Mailing address (*if different*): \_\_\_\_\_

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

*Is this plaintiff doing business under a fictitious name?*  Yes  No *If yes, attach Form SC-103.*

Other plaintiff's name: \_\_\_\_\_

Street address: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

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

Mailing address (*if different*): \_\_\_\_\_

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

*Is this plaintiff doing business under a fictitious name?*  Yes  No *If yes, attach Form SC-103.*

*Check here if more than 4 plaintiffs and fill out and attach another Form SC-100A.*

**2 If more than 2 defendants (person, business, or entity being sued), list their information below:**

Other defendant's name: \_\_\_\_\_

Street address: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

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

Mailing address (*if different*): \_\_\_\_\_

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

Other defendant's name: \_\_\_\_\_

Street address: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

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

Mailing address (*if different*): \_\_\_\_\_

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

*Check here if more than 4 defendants and fill out and attach another Form SC-100A.*

**3 I understand that by filing a claim in small claims court, I have no right to appeal this claim.**

**4** I have not filed, and understand that I cannot file, more than two small claims cases for more than \$2,500 in California during this calendar year.

I declare under penalty of perjury under California state law that the information above and on any attachments to this form is true and correct.

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

►  
\_\_\_\_\_  
*Sign your name*

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

►  
\_\_\_\_\_  
*Sign your name*



This form is attached to:  Form SC-100    OR     Form SC-120

- 1 If you want to file a small claim and you are doing business under a fictitious name ("doing business as," or "dba") give the following information. (Nonprofits and exempt real estate investment trusts do not have to file this form.)**

Business name of the person suing: \_\_\_\_\_

Business address (*not a U.S. Postal Service P.O. Box*): \_\_\_\_\_

Mailing address (*if different*): \_\_\_\_\_

- 2 The business listed in ① does business as (check ONLY one):**

- |   |  |
|---|--|
| <input type="checkbox"/> an individual  | <input type="checkbox"/> a corporation                   |
| <input type="checkbox"/> an association | <input type="checkbox"/> a limited liability company     |
| <input type="checkbox"/> a partnership  | <input type="checkbox"/> other ( <i>specify</i> ): _____ |

*You must follow the laws for fictitious business names. If you have not followed these laws, including filing a fictitious business name statement in your county and publishing this information in a local newspaper, the court can dismiss your case.*

- 3 Name of county where you filed your Fictitious Business Name Statement (dba):** \_\_\_\_\_

- 4 Your Fictitious Business Name Statement number:** \_\_\_\_\_

- 5 Date your Fictitious Business Name Statement expires:** \_\_\_\_\_

- 6 I declare, under penalty of perjury under California State law, that the information above is true and correct. Only the owner, president, chief executive officer (CEO), or other qualified officer can sign this form.**

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

Type or print your name and title \_\_\_\_\_

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



**Need help?**

Your county's Small Claims Advisor can help for free.

\_\_\_\_\_

Or go to "County-Specific Court Information" at:  
[www.courtinfo.ca.gov/selfhelp/smallclaims](http://www.courtinfo.ca.gov/selfhelp/smallclaims)



Clerk stamps date here when form is filed.

This form is used to tell the court you are authorized to appear for a plaintiff or defendant in a small claims case. You may also use this form to ask the court for permission to help a plaintiff or defendant who cannot properly speak for himself or herself.

You cannot appear for a defendant or plaintiff if your only job is to represent him or her in small claims court. If you are a lawyer, you can appear only as authorized by section 116.530 of the Code of Civil Procedure.

Fill out ① – ④ on this page, then file it with the small claims clerk at or before the trial.

**1 List the name, address, and position of the person appearing:**

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

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

Job title or relationship to the defendant or plaintiff you want to appear for: \_\_\_\_\_

Fill in court name and street address:

**Superior Court of California, County of \_\_\_\_\_**

Fill in your case number and case name below:

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

**2 Who are you appearing for?**

- A defendant in this case (*name*): \_\_\_\_\_  
 A plaintiff in this case (*name*): \_\_\_\_\_

**3 Tell us about the defendant or plaintiff you are appearing for.**

I am appearing for a (*check one*):

- Corporation** and I am an employee, officer, or director of that corporation.  
 **Partnership** and I am an employee, officer, director, or partner of that partnership.  
 **Other business** (not a corporation, partnership, or sole proprietorship) and I am an employee, officer, or director of that business.  
 **Government agency or other public entity** and I am an employee, officer, or director of that agency or entity.  
 **Sole proprietorship** and I am an employee of that business. I am qualified to testify about business records made in the regular course of business at or near the time of the event. The content of the business records is the only issue in this case. (*Evidence Code, § 1271*).  
 **Plaintiff who was assigned to out-of-state active duty in the U.S. armed forces for more than 6 months** after filing this claim. I am not being paid to appear. I have not appeared in small claims court for other people more than 4 times in this calendar year.  
 **Defendant or plaintiff who is in a jail, a prison, or another detention facility now.** I am not being paid to appear. I have not appeared in small claims court for other people more than 4 times in this calendar year.  
 **Owner of rental property in California** who employs me as a property agent. This claim is about the rental property I manage.  
 **Association** created to manage a common interest development and I am an agent, management company representative, or bookkeeper for that association.  
 **Husband or wife** and my spouse and I are both listed on this claim and agree that either spouse can appear for the other.  
 **Other (explain):** \_\_\_\_\_

- 4** I declare under penalty of perjury under California state law that the information above is true and correct.

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

Type or print your name

Sign your name



Clerk stamps here when form is filed.

See instructions on other side.

① My name is: \_\_\_\_\_  
 Mailing address: \_\_\_\_\_

Phone: \_\_\_\_\_

I am a (*check one*):  plaintiff  defendant in this case.

② My trial is now scheduled for (*date*): \_\_\_\_\_

③ I ask the court to postpone my trial until (*approximate date*):  
 \_\_\_\_\_

④ I am asking for this postponement because (*explain*):  
 If your answer will not fit in the space below, check this box and attach your answer on a separate sheet of paper. Write "SC-150, Item 4" at the top.

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

⑤ If your trial is scheduled within the next 10 days, explain why you did not ask for a postponement sooner.  
 If your answer will not fit in the space below, check this box and attach your answer on a separate sheet of paper. Write "SC-150, Item 5" at the top.

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

⑥ Has your claim been served by a method allowed by law? (See form SC-104B, What Is "Proof of Service"? for information about how the claim can be served. Check and complete all that apply):

If your answer will not fit in the space below, check this box and attach your answer on a separate sheet of paper. Write "SC-150, Item 6" at the top.

- a.  No. I am a defendant and have not filed a claim in this case.
- b.  Yes. The parties listed below have been served:

(1) \_\_\_\_\_, who lives in: \_\_\_\_\_, was served on: \_\_\_\_\_  
*name* *county* *date*

(2) \_\_\_\_\_, who lives in: \_\_\_\_\_, was served on: \_\_\_\_\_  
*name* *county* *date*

- c.  No. The parties listed below have not been served (*list names*):

(1) \_\_\_\_\_ (2) \_\_\_\_\_

- d.  I do not know. The court clerk mailed my claim, and I do not know if the court received the signed receipt for these parties (*list names*):

(1) \_\_\_\_\_ (2) \_\_\_\_\_

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 here

# Instructions for Form SC-150, Request to Postpone Trial

(This page is **not** part of Form SC-150 and does not need to be copied, served, or filed.)

## Who can use this form?

- Anyone who filed a small claims case and wants to postpone or reschedule the trial for any good reason, including because he or she has not served all of the defendants
- Anyone who was sued in a small claims case and wants to postpone or reschedule the trial for any good reason

## Do I have to use this form?

No. You may write a letter instead of using this form. Your letter should explain why you want to change your court date and include the other information that is requested on this form.

## How do I ask for a postponement?

- Fill out Form SC-150, *Request to Postpone Trial*, (on the other side of these instructions), or write a letter that includes the information requested on this form.
- Have all other parties in your case served with a copy of your request. You may serve by mail or in person. Use Form SC-104, *Proof of Service*, or Form SC-112A, *Proof of Service by Mail*.
- File your request and the completed *Proof of Service* with the small claims court clerk. You may have to pay a \$10 fee, depending on when (or if) the claim was served. If you cannot afford to pay a required fee, see Form FW-001-INFO, *Information Sheet on Waiver of Superior Court Fees and Costs*.

## How will I know the court's decision?

If the court postpones the trial, the court will mail a notice with the new hearing date to all plaintiffs and defendants in this case.

If the court does not postpone the trial, the trial will be on the date when it is currently scheduled. The court will notify the person who filed the *Request*.

If you do not hear from the court, you should go to court on the scheduled trial date.



## Need help?

For free help, contact your county's small claims advisor:  
[local info here]

Or go to "County-Specific court Information" at [www.courtinfo.ca.gov/selfhelp/smallclaims](http://www.courtinfo.ca.gov/selfhelp/smallclaims)

First, read the court's decisions on Form SC-200, *Notice of Entry of Judgment*. It will tell you the court's judgment in this case. Then read this form. It will help you protect or enforce your rights, whether you won or lost the case.

**Warning!** You may lose important rights if you do not act within 30 days after the court handed or mailed you Form SC-200, *Notice of Entry of Judgment*. If the court mailed the *Notice of Entry of Judgment*, the date of mailing is on the Clerk's *Certificate of Mailing* that came with the notice.

**If the court did not award you any money on a claim that you filed...** The court's decision on your claim is *normally* final. You cannot appeal the decision on your own claim, but you may be allowed to ask the court to correct a mistake in the judgment.

#### If the court ordered you to pay money...

You are the *judgment debtor*. The law requires you to pay the judgment. You **can**:

- Pay the judgment creditor directly.
- Pay the court. (To do this, file Form SC-145, *Request to Pay Judgment to Court*.) Or
- Ask the court to let you make payments. (To do this, file Form SC-220, *Request to Make Payments*.)

If any payment is not made in full and on time, the judgment creditor may notify the court to cancel the payment plan and the entire unpaid balance will become due and collectible.

**Warning!** If you do not pay the judgment or file an appeal or a motion to vacate (cancel) or correct the judgment **within 30 days** after the *Notice of Entry of Judgment* was handed or mailed to you, your wages, money, and property can be taken to pay the claim. You may also have to pay interest. If your case involves an auto accident on a California highway, the Department of Motor Vehicles (DMV) can suspend your driver's license.

After you pay the judgment in full, you can ask the judgment creditor to file a form saying the judgment is paid. (See Form SC-290, *Acknowledgment of Satisfaction of Judgment*.) If the judgment creditor does not do this, he or she may have to pay you damages and a penalty.

If you disagree with the judgment ordering you to pay money and you went to the small claims trial, you can appeal that decision. (You cannot appeal the decision on your own claim.) To do this, file Form SC-140, *Notice of Appeal*, within 30 days after the *Notice of Entry of Judgment* was handed or mailed to you. There will be a new trial in the superior court on all claims in the case. Each side will present evidence again. This time, each side can have a lawyer at the trial.

(Continued on page 2)

#### If the court ordered the other side to pay you...

You are the *judgment creditor*. You must collect your judgment. The court will not collect it for you. Some steps you can take to collect your money are summarized below. For more information, go to [www.courtinfo.ca.gov/selfhelp/smallclaims/collectintro.htm](http://www.courtinfo.ca.gov/selfhelp/smallclaims/collectintro.htm).

**Important!** The judgment debtor has **30 days** after the *Notice of Entry of Judgment* was handed or mailed to him or her to appeal or pay or ask the court to cancel or correct the judgment. You cannot take legal steps to collect the judgment during this time.

**Ask the judgment debtor to pay you the money.** If the judgment debtor cannot afford to pay the judgment all at once, consider offering to take payments. If your claim was for possession of property, ask the judgment debtor to return the property to you.

**If the judgment debtor does not pay, you can find out about the debtor's income or property** that the sheriff can take to satisfy the judgment.

- If the debtor does not pay within 30 days after the court clerk delivered or mailed the *Notice of Entry of Judgment*, the debtor must send you Form SC-133, *Judgment Debtor's Statement of Assets*. This form will tell you what property the debtor has that may be used to pay the judgment.
- If the debtor does not send you the completed Form SC-133, you can file Form SC-134, *Application and Order to Produce Statement of Assets and to Appear for Examination*. In this form, you can also ask the court to award you your attorney fees, expenses, and other appropriate relief.
- If the debtor does send you Form SC-133, you can still have the debtor come to court to answer questions about income and property. To do this, file Form EJ-125, *Application and Order for Appearance and Examination*.

(Continued on page 2)



## If the court ordered you to pay money...

(continued)

**If you disagree with the judgment ordering you to pay money, and you did not go to the trial,** you can ask the court to vacate (cancel) the judgment. To do this, file Form SC-135, *Notice of Motion to Vacate Judgment*, **within 30 days\*** after the *Notice of Entry of Judgment and Declaration* was handed or mailed to you. If the court denies your request, you have until 10 days from the date the notice of denial is mailed to file an appeal.

\**Exception:* If the claim against you was not properly served, you have **180 days** from the date that you found out (or should have found out) about the judgment against you to file a request to cancel the judgment.

**Unless you pay the judgment or file an appeal or a motion** as discussed above, you must complete Form SC-133, *Judgment Debtor's Statement of Assets*, and deliver it to the judgment creditor within 30 days after the clerk delivered or mailed the *Notice of Entry of Judgment*.

**Warning!** If you do not deliver the completed Form SC-133, the court can order you to pay attorney fees and impose other penalties.

## If the court ordered the other side to pay you...

(continued)

- To obtain the judgment debtor's financial records from another person or a company at a hearing, fill out Form SC-107, *Small Claims Subpoena and Declaration*, take it to the small claims court clerk to be issued, and then have it served.

**Once you know about the judgment debtor's income and property**, you can ask the sheriff to take that property to pay you. (Property that may be taken includes wages, bank accounts, automobiles, business property, and rental income.) To do this, fill out and ask the court clerk to issue Form EJ-130, *Writ of Execution*. Then, take the form to the sheriff's office with a description of the debtor's property.

**You can also put a lien on the judgment debtor's house or other real estate.** To do this, fill out and ask the court clerk to issue Form EJ-001, *Abstract of Judgment—Civil and Small Claims*. Then, take or mail the *Abstract* to the county recorder's office in the county where you think the debtor owns real property. If the judgment debtor sells, refinances, or buys real property in that county, your judgment should be paid from the debtor's funds.

**After the judgment has been paid in full**, you must fill out an *Acknowledgment of Satisfaction of Judgment* and file it with the court clerk. If an *Abstract of Judgment* has not been recorded, you may use Form SC-290. If an abstract has been recorded, use Form EJ-100.

**Warning!** If you do not file an *Acknowledgment of Satisfaction of Judgment*, you may have to pay the judgment debtor damages and a penalty.

**You may need to pay fees** to the court, the county recorder's office, or the sheriff for filing, issuing, and recording papers and doing the other things discussed above. Sometimes, you can ask the court to order the other side to repay you for these expenses.



### Need help?

For free help, contact your county's small claims advisor:  
[local info here]

Or go to "County-Specific Court Information" at [www.courtinfo.ca.gov/selfhelp/smallclaims](http://www.courtinfo.ca.gov/selfhelp/smallclaims)

## HARASSMENT

**THE LAW DOES NOT ALLOW PERSONNEL OF THE OFFICE OF THE CLERK OF THE SUPERIOR COURT TO ASSIST IN THE SELECTION OR PREPARATION OF ANY FORMS OR TO ADVISE YOU AS TO ANY PROCEDURE TO BE FOLLOWED IN OBTAINING A JUDGMENT**

Attached are the forms usually necessary for lawsuits to prohibit harassment.

| <b>Form #</b> | <b>Title</b>  | <b>Number of Copies</b> |
|---------------|---|-------------------------|
| CH-100        | Request for Civil Harassment Restraining Orders                         | 1                       |
| CH-100-Info   | Can a Civil Harassment Restraining Order Help Me?                       | 1                       |
| CLETS-001     | Confidential CLETS Information  | 1                       |
| CH-110        | Temporary Restraining Order   | 1                       |
| CH-120        | Response to Request for Civil Harassment Restraining Orders             | 1                       |
| CH-120-Info   | How Can I Respond to a Request for Civil Harassment Restraining Orders? | 1                       |
| CH-130        | Civil Harassment Restraining Order After Hearing                        | 1                       |
| CH-200        | Proof of Personal Service   | 1                       |
| CH-200-Info   | What is Proof of Persona Service?                                       | 1                       |
| CH-800        | Proof of Firearms Turned in or Sold                                     | 1                       |
| CH-800-Info   | How Do I Turn In or Sell My Firearms?                                   | 1                       |

**ALL FORMS MUST BE TYPED OR LEGIBLY PRINTED IN BLACK INK AND SIGNED.**  
Complete all forms in their entirety, i.e., all boxes checked as applicable; attachments attached, if applicable; and “NONE”, “NOT APPLICABLE”, or “UNKNOWN” typed in if required.

### Notice Regarding Free Service of Harassment Orders

You may be entitled to free service of process by the Monterey County Sheriff’s Office of your harassment order if there are allegations of stalking or sexual assault.

If you would like to obtain free service of your harassment order please also complete the attached Application for Waiver of Fees and Costs, 982 (a) (17), and Request and Order for Free Service of Restraining Order, CH-101/DV-290. Free service will not be provided if these forms are not completed.



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

Clerk stamps date here when form is filed.

### 1 Person Seeking Protection

a. Your Full Name:

\_\_\_\_\_  
Age: \_\_\_\_\_  
Your Lawyer (*if you have one for this case*): \_\_\_\_\_

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

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

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

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

Fill in court name and street address:

**Superior Court of California, County of**

Court fills in case number when form is filed.

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

**Case Number:**

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

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

### 2 Person From Whom Protection Is Sought

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

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

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

### 3 Additional Protected Persons

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

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

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

b. Why do these people need protection? (*Explain below*):

*Check here if there is not enough space for your answer. Put your complete answer on the attached sheet of paper or Form MC-025 and write "Attachment 3b—Why Others Need Protection" for a title.*

This is not a Court Order.



**4 Relationship of Parties**

How do you know the person in (2)? (Explain below):

- Check here if there is not enough space for your answer. Put your complete answer on the attached sheet of paper or Form MC-025 and write "Attachment 4—Relationship of Parties" for a title.

**5 Venue**

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

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

**6 Other Court Cases**

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

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

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

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

**7 Description of Harassment**

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

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

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

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

**This is not a Court Order.**

(3) How did the person in (2) harass you? (Explain below):

Check here if there is not enough space for your answer. Put your complete answer on the attached sheet of paper or Form MC-025 and write "Attachment 7a(3)—Describe Harassment" for a title.

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(4) Did the person in (2) use or threaten to use a gun or any other weapon?

Yes  No (If yes, explain below):

Check here if there is not enough space for your answer. Put your complete answer on the attached sheet of paper or Form MC-025 and write "Attachment 7a(4)—Use of Weapons" for a title.

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(5) Were you harmed or injured because of the harassment?

Yes  No (If yes, explain below):

Check here if there is not enough space for your answer. Put your complete answer on the attached sheet of paper or Form MC-025 and write "Attachment 7a(5)—Harm or Injury" for a title.

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(6) Did the police come?  Yes  No

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

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

a.  Me b.  The person in (2) c.  The persons in (3)

Attach a copy of the order if you have one.

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

Yes  No (If yes, describe prior incidents and provide dates of harassment below):

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

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This is not a Court Order.

**Check the orders you want.** **8  Personal Conduct Orders**

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

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

Check here if there is not enough space for your answer. Put your complete answer on the attached sheet of paper or Form MC-025 and write "Attachment 8c—Other Personal Conduct Orders," for a title.

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

**9  Stay-Away Orders**

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

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

- b. If the court orders the person in (2) to stay away from all the places listed above, will he or she still be able to get to his or her home, school, or job?  Yes  No (If no, explain below):

Check here if there is not enough space for your answer. Put your complete answer on the attached sheet of paper or Form MC-025 and write "Attachment 9b—Stay-Away Orders," for a title.

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**10 Guns or Other Firearms and Ammunition**

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

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

**This is not a Court Order.**

**11 Immediate Orders**

Do you want the court to make any of these orders now that will last until the hearing without notice to the person in ②?  Yes  No (If you answered yes, explain why below):

Check here if there is not enough space for your answer. Put your complete answer on the attached sheet of paper or Form MC-025 and write "Attachment 11—Immediate Orders" for a title.

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

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

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

Check here if there is not enough space for your answer. Put your complete answer on the attached sheet of paper or Form MC-025 and write "Attachment 12—Request to Give Less Than Five-Days Notice" for a title.

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**13  No Fee for Filing or Service**

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

**14  Lawyer's Fees and Costs**

I ask the court to order payment of my: a.  Lawyer's fees b.  Court costs

The amounts requested are:

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

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

This is not a Court Order.



**(15)  Additional Orders Requested**

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

*Check here if there is not enough space for your answer. Put your complete answer on the attached sheet of paper or Form MC-025 and write "Attachment 15—Additional Orders Requested," for a title.*

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**(16)** Number of pages attached to this form, if any: \_\_\_\_\_

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

*Lawyer's name (if any)*

*Lawyer's signature*

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

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

*Type or print your name*

*Sign your name*

**This is not a Court Order.**

**These instructions cannot cover all of the questions that may arise in a particular case. If you do not know what to do to protect your rights, you should see a lawyer.**

## What is a civil harassment restraining order?

It is a court order that helps protect people from harassment.

## Can I get a civil harassment restraining order?

You can ask for one if you are worried about your safety because someone:

- Is harassing you
- Is stalking you
- Has committed acts of violence against you, or
- Has threatened you with violence

## How will the order help me?

The court can order a person to:

- Not harass or threaten you
- Not contact or go near you, *and*
- Not have a gun

You can also ask for protection for people who live with you and family members.

In a civil harassment case, the court cannot:

- Order a person to move out of your residence
- Order a person to pay child support to you
- Make orders for custody and visitation

If you need these orders, you should proceed under the Domestic Violence Protection Act. File Form DV-100.

The court also cannot:

- Order a person to pay money that he or she owes you
- Order someone to move out of rental property that you own
- Order someone to stop creating a nuisance that doesn't involve harassment

If you need these remedies, you must file a civil action.

## How much does it cost?

That depends on the type of harassment. If the restrained person has used or threatened to use violence against you or has stalked you, you do not have to pay a filing fee; otherwise, you must pay the fee.

If you cannot afford to pay the filing fee, ask the clerk how to apply for a fee waiver. Form FW-001 is available for this purpose.

If the order is based on prior acts of violence, a credible threat of violence, or stalking, you are entitled to free service of the order by a sheriff or marshal. Also, if you are eligible for a fee waiver, you can ask the sheriff or marshal to serve the order for free. If you are not eligible for free service, you may pay the sheriff or marshal to serve the order.

## What forms do I need to get the order?

You must fill out all of Form CH-100, *Request for Civil Harrassment Restraining Orders*, and Form CLETS-001, *Confidential CLETS Information*. If you need attachments, you may use Form MC-025. You must also fill out items 1 and 2 on Form CH-109, *Notice of Court Hearing*, and items 1, 2, and 3 on Form CH-110, *Temporary Restraining Order (CLETS)*.

## Where can I get these forms?

You can get the forms from legal publishers or on the Internet at [www.courts.ca.gov](http://www.courts.ca.gov). You also may be able to find them at your local courthouse or county law library.

## What do I need to do to get the order?

You must go to the superior court in the county where the harassment took place or the person to be restrained lives. At the court, ask where you should file your request for a civil harassment restraining order. (A self-help center or legal aid association may be able to assist you in filing your request.)

At the court, give your forms to the clerk of the court. The clerk will give you a hearing date on the *Notice of Court Hearing* form, and if your request for immediate orders is granted, a copy of the *Temporary Restraining Order* signed by a judicial officer.

### How soon can I get the order?

If you ask for a temporary restraining order, the court will decide within 24 hours whether or not to make the order. Sometimes the court decides sooner. Ask whether you should wait or come back later to get the signed *Notice of Court Hearing and Temporary Restraining Order*.

### How long does the order last?

If the court makes a temporary order, it will last until your hearing date. At that time, the court will decide to continue or cancel the order. The order could last for up to three years.

### How will the person to be restrained know about the order?

Someone age 18 or older—not you or anyone else to be protected by the order—must “serve” (give) the person to be restrained a copy of the order. The server must then fill out Form CH-200, *Proof of Personal Service*, and give it to you to file with the court. For help with service, ask the court clerk for Form CH-200-INFO, What Is “Proof of Personal Service?”.

### What if the restrained person does not obey the order?

Call the police. The restrained person can be arrested and charged with a crime.

### Do I have to go to court?

Yes. Go to court on the date the clerk gives you.

### Do I need to bring a witness to the court hearing?

Witnesses are not required, but it helps to have more proof of the harassment than just your word. You can bring:

- Witnesses
- Written statements from witnesses made under oath
- Photos
- Medical or police reports
- Damaged property
- Threatening letters, e-mails, or telephone messages

The court may or may not let witnesses speak at the hearing. So, if possible, you should bring their written statements under oath to the hearing. (You can use Form MC-030, *Declaration*, for this.).

### Do I need a lawyer?

Having a lawyer is always a good idea, but it is not required and you are not entitled to a free court-appointed attorney. Ask the court clerk about free and low-cost legal services and self-help centers in your county.

### Will I see the restrained person at the court hearing?

If the person comes to the hearing, yes. But that person does not have the right to speak to you. If you are afraid, tell the court officer.

### Can I bring someone with me to court?

Yes. You can bring someone to sit with you during the hearing. But that person cannot speak for you in court. Only you or your lawyer (if you have one) can speak for you.

| CH-109 Notice of Court Hearing   |             |                     |  |             |  |              |             |       |  |
|--|-------------|---------------------|--|-------------|--|--------------|-------------|-------|--|
| <p><b>① Person Seeking Protection</b></p> <p>a. Your Full Name: _____</p> <p>Your Lawyer (If you have one for this case):<br/>Name: _____ State Bar No.: _____<br/>Firm Name: _____</p> <p>b. Your Address (If you have a lawyer, give your lawyer's information.<br/>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):<br/>Address: _____<br/>City: _____ State: _____ Zip: _____<br/>Telephone: _____ Fax: _____<br/>E-Mail Address: _____</p>   |             |                     |  |             |  |              |             |       |  |
| <p>Clerk stamps date here when form is filed.</p> <p>Fill in court name and street address:<br/>Superior Court of California, County of _____</p> <p>Court filis in case number when form is filed:<br/>Case Number: _____</p>   |             |                     |  |             |  |              |             |       |  |
| <p><b>② Person From Whom Protection Is Sought</b></p> <p>Full Name: _____</p> <p><i>The court will complete the rest of this form.</i></p>   |             |                     |  |             |  |              |             |       |  |
| <p><b>③ Notice of Hearing</b></p> <p>A court hearing is scheduled on the request for restraining orders against the person in ②:</p> <table border="1"> <tr> <td>Hearing Date: _____</td> <td>Date: _____</td> <td>Time: _____</td> <td>Name and address of court if different from above:</td> </tr> <tr> <td>Dept.: _____</td> <td>Room: _____</td> <td colspan="2">_____</td> </tr> </table>  |             | Hearing Date: _____ | Date: _____  | Time: _____ | Name and address of court if different from above: | Dept.: _____ | Room: _____ | _____ |  |
| Hearing Date: _____  | Date: _____ | Time: _____         | Name and address of court if different from above: |             |  |              |             |       |  |
| Dept.: _____   | Room: _____ | _____               |  |             |  |              |             |       |  |
| <p><b>④ Temporary Restraining Orders</b> (Any orders granted are on Form CH-110, served with this notice.)</p> <p>a. Temporary Restraining Orders for personal conduct and stay-away orders as requested in Form CH-100, Request for Civil Harassment Restraining Orders, are (check only one box below):</p> <p>(1) <input type="checkbox"/> All GRANTED until the court hearing.<br/> (2) <input type="checkbox"/> All DENIED until the court hearing. (Specify reasons for denial in b, below.)<br/> (3) <input type="checkbox"/> Partly GRANTED and partly DENIED until the court hearing. (Specify reasons for denial in b, below.)</p> |             |                     |  |             |  |              |             |       |  |
| <small>Judicial Council of California, www.courts.ca.gov<br/>New January 1, 2012, Mandatory Form<br/>Code of Civil Procedure, § 527.8<br/>Approved by DCA</small>  |             |                     |  |             |  |              |             |       |  |
| <small>Notice of Court Hearing<br/>(Civil Harassment Prevention)</small>   |             |                     |  |             |  |              |             |       |  |
| <small>CH-109, Page 1 of 3</small>   |             |                     |  |             |  |              |             |       |  |

**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 hearing. Contact the clerk's 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.)

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

*[Local information may be inserted.]*

**What if I don't speak English?**

When you file your papers, ask the clerk if a court interpreter is available. You may have to pay a fee for the interpreter. If an interpreter is not available for your court date, you should ask someone who is not listed as a person to be protected on your Request and who is over age 18 to interpret for you.

**Can I agree with the restrained person to cancel the order?**

No. Once the order is issued, only the judge can change or cancel it. You or the restrained person would have to file a request with the court to cancel the order.



**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.**



Person in ① must complete items ①, ②, and ③ only.

### ① Protected Person

a. Your Full 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**

Court fills in case number when form is filed.

**Case Number:**

### ② Restrained Person

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

Description: \_\_\_\_\_

Sex:  M  F Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Age: \_\_\_\_\_ Race: \_\_\_\_\_

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

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

Relationship to Protected Person: \_\_\_\_\_

### ③ Additional Protected Persons

In addition to the person named in ①, the following family or household members of that person are protected by the temporary orders indicated below:

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

Check here if there are additional protected persons. List them on an attached sheet of paper and write "Attachment 3—Additional Protected Persons" as a title. You may use Form MC-025, Attachment.

The court will complete the rest of this form.

### ④ Expiration Date

This Order expires at the end of the hearing scheduled for the date and time below:

Date: \_\_\_\_\_ Time: \_\_\_\_\_  a.m.  p.m.

**This is a Court Order.**

**To the Person in ② :**

The court has granted the temporary orders checked as granted below. If you do not obey these orders, you can be arrested and charged with a crime. You may be sent to jail for up to one year, pay a fine of up to \$1,000, or both.

**5 Personal Conduct Orders**

Not Requested  Denied Until the Hearing  Granted as Follows:

- a. You must **not** do the following things to the person named in ①  
 and to the other protected persons listed in ③:
- (1)  Harass, intimidate, molest, attack, strike, stalk, threaten, assault (sexually or otherwise), hit, abuse, destroy personal property of, or disturb the peace of the person.
  - (2)  Contact the person, either directly or indirectly, in **any** way, including, but not limited to, in person, by telephone, in writing, by public or private mail, by interoffice mail, by e-mail, by text message, by fax, or by other electronic means.
  - (3)  Take any action to obtain the person's address or location. If this item ③ is not checked, the court has found good cause not to make this order.
  - (4)  Other (*specify*):  
 Other personal conduct orders are attached at the end of this Order on Attachment 5a(4).

- 
- b. Peaceful written contact through a lawyer or a process server or other person for service of legal papers related to a court case is allowed and does not violate this order. However, you may have your papers served by mail on the person in ①.

**6 Stay-Away Order**

Not Requested  Denied Until the Hearing  Granted as Follows:

- a. You must stay at least \_\_\_\_\_ yards away from (*check all that apply*):

- |  |   |
|--|---|
| (1) <input type="checkbox"/> The person in ①                               | (6) <input type="checkbox"/> The place of child care of the children of the person in ① |
| (2) <input type="checkbox"/> Each person in ③                              | (7) <input type="checkbox"/> The vehicle of the person in ①                             |
| (3) <input type="checkbox"/> The home of the person in ①                   | (8) <input type="checkbox"/> Other ( <i>specify</i> ): _____                            |
| (4) <input type="checkbox"/> The job or workplace of the person in ①       | _____   |
| (5) <input type="checkbox"/> The school of the children of the person in ① | _____   |

- b. This stay-away order does not prevent you from going to or from your home or place of employment.

**7 No Guns or Other Firearms and Ammunition**

- a. You cannot own, possess, have, buy or try to buy, receive or try to receive, or in any other way get guns, other firearms, or ammunition.
- b. You must:
- (1) Sell to a licensed gun dealer or turn in to a law enforcement agency any guns or other firearms in your immediate possession or control. This must be done within 24 hours of being served with this Order.

**This is a Court Order.**

- (2) File a receipt with the court within 48 hours of receiving this Order that proves that your guns or firearms have been turned in or sold. (*You may use Form CH-800, Proof of Firearms Turned In or Sold, for the receipt.*)
- c.  The court has received information that you own or possess a firearm.

**Other Orders****8**

- Not Requested**  **Denied Until the Hearing**  **Granted as Follows** (*specify*):
- 
- 
- 
- 
- 

- Additional orders are attached at the end of this Order on Attachment 8.

**To the Person in ①:****9 Mandatory Entry of Order Into CARPOS Through CLETS**

This Order must be entered into the California Restraining and Protective Order System (CARPOS) through the California Law Enforcement Telecommunications System (CLETS). (*Check one*):

- a.  The clerk will enter this Order and its proof-of-service form into CARPOS.
- b.  The clerk will transmit this Order and its proof-of-service form to a law enforcement agency to be entered into CARPOS.
- c.  By the close of business on the date that this Order is made, the person in ① or his or her lawyer should deliver a copy of the Order and its proof-of-service form to the law enforcement agency listed below to enter into CARPOS:

Name of Law Enforcement AgencyAddress (City, State, Zip)

- 
- 
- Additional law enforcement agencies are listed at the end of this Order on Attachment 9.

**10 No Fee to Serve (Notify) Restrained Person  Ordered  Not Ordered**

The sheriff or marshal will serve this Order without charge because:

- a.  The Order is based on unlawful violence, a credible threat of violence, or stalking.
- b.  The person in ① is entitled to a fee waiver.

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

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

*Judicial Officer***This is a Court Order.**

## Warnings and Notices to the Restrained Person in ②

### **You Cannot Have Guns or Firearms**

You cannot own, have, possess, buy or try to buy, receive or try to receive, or otherwise get guns, other firearms, or ammunition while this Order is in effect. If you do, you can go to jail and pay a \$1,000 fine. You must sell to a licensed gun dealer or turn in to a law enforcement agency any guns or other firearms that you have or control as stated in item ⑦ above. The court will require you to prove that you did so.

### **Notice Regarding Nonappearance at Hearing and Service of Order**

If you have been personally served with this Temporary Restraining Order and Form CH-109, *Notice of Court Hearing*, but you do not appear at the hearing either in person or by a lawyer, and a restraining order that is the same as this Temporary Restraining Order except for the expiration date is issued at the hearing, a copy of the order will be served on you by mail at the address in item ②.

If this address is not correct or you wish to verify that the Temporary Restraining Order was converted into a restraining order at the hearing without substantive change, or to find out the duration of the order, contact the clerk of the court.

### **After You Have Been Served With a Restraining Order**

- Obey all the orders.
- Read Form CH-120-INFO, *How Can I Respond to a Request for Civil Harassment Restraining Orders?*, to learn how to respond to this Order.
- If you want to respond, fill out Form CH-120, *Response to Request for Civil Harassment Restraining Orders*, and file it with the court clerk. You do not have to pay any fee to file your response if the Request claims that you inflicted or threatened violence against or stalked the person in ①.
- You must have Form CH-120 served by mail on the person in ① or that person's attorney. You cannot do this yourself. The person who does the mailing should complete and sign Form CH-250, *Proof of Service of Response by Mail*. File the completed proof of service with the court clerk before the hearing date or bring it with you to the hearing.
- In addition to the response, you may file and have declarations served, signed by you and other persons who have personal knowledge of the facts. You may use Form MC-030, *Declaration*, for this purpose. It is available from the clerk's office at the court shown on page 1 of this form or at [www.courts.ca.gov/forms](http://www.courts.ca.gov/forms). If you do not know how to prepare a declaration, you should see a lawyer.
- Whether or not you file a response, you should attend the hearing. If you have any witnesses, they must also go to the hearing.
- At the hearing, the judge can make restraining orders against you that last for up to three years. Tell the judge why you disagree with the orders requested.

### **Instructions for Law Enforcement**

#### **Enforcing the Restraining Order**

This order is enforceable by any law enforcement agency that has received the order, is shown a copy of the order, or has verified its existence on the California Restraining and Protective Orders System (CARPOS). If the law enforcement agency has not received proof of service on the restrained person, the agency must advise the restrained person of the terms of the order and then must enforce it. Violations of this order are subject to criminal penalties.

**This is a Court Order.**

## Start Date and End Date of Orders

This order *starts* on the date next to the judge's signature on page 3. The order *ends* on the expiration date in item ④ on page 1.

## Arrest Required if Order Is Violated

If an officer has probable cause to believe that the restrained person had notice of the order and has disobeyed the order, the officer must arrest the restrained person. (Pen. Code, §§ 836(c)(1), 13701(b).) A violation of the order may be a violation of Penal Code section 166 or 273.6. Agencies are encouraged to enter violation messages into CARPOS.

## Notice/Proof of Service

The law enforcement agency must first determine if the restrained person had notice of the order. Consider the restrained person "served" (given notice) if (Pen. Code, § 836(c)(2)):

- The officer sees a copy of the Proof of Service or confirms that the Proof of Service is on file; or
- The restrained person was informed of the order by an officer.

An officer can obtain information about the contents of the order and proof of service in CARPOS. If proof of service on the restrained person cannot be verified, the agency must advise the restrained person of the terms of the order and then enforce it.

## If the Protected Person Contacts the Restrained Person

Even if the protected person invites or consents to contact with the restrained person, this order remains in effect and must be enforced. The protected person cannot be arrested for inviting or consenting to contact with the restrained person. The order can be changed only by another court order. (Pen. Code, § 13710(b).)

## Conflicting Orders

A protective order issued in a criminal case on Form CR-161 takes precedence in enforcement over any conflicting civil court order. (Pen. Code, § 136.2(e)(2).) Any nonconflicting terms of the civil restraining order remain in full force. An *Emergency Protective Order* (Form EPO-001) that is in effect between the same parties and is more restrictive than other restraining orders takes precedence over all other restraining orders. (Pen. Code, § 136.2.)

*(Clerk will fill out this part.)*

### —Clerk's Certificate—

Clerk's Certificate  
[seal]

I certify that this *Temporary Restraining Order* is a true and correct copy of the original on file in the court.

Date: \_\_\_\_\_ Clerk, by \_\_\_\_\_, Deputy

**This is a Court Order.**



**Use this form to respond to the Request (Form CH-100)**

- Read *How Can I Respond to a Request for Civil Harassment Restraining Orders? (Form CH-120-INFO)*, to protect your rights.
- Fill out this form and take it to the court clerk.
- Have someone age 18 or older—not you—serve the person in ① or his or her lawyer by mail with a copy of this form and any attached pages. (*Use Form CH-250, Proof of Service of Response by Mail.*)

**① Person Seeking Protection**

Name of person seeking protection (*see Form CH-100, item ①*): \_\_\_\_\_

Fill in court name and street address:

Superior Court of California, County of \_\_\_\_\_

**② Person From Whom Protection Is Sought**

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

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

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

Fill in case number:

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

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: \_\_\_\_\_

Present your response and any opposition at the hearing. Write your hearing date, time, and place from Form CH-109 item ③ here:

**Hearing Date** → Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Dept.: \_\_\_\_\_ Room: \_\_\_\_\_

**③  Personal Conduct Orders**

- a.  I agree to the orders requested.
- b.  I do not agree to the orders requested.
- c.  I agree to the following orders (*specify*): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**If you were served with a Temporary Restraining Order, you must obey it until the hearing.** At the hearing, the court may make orders against you that last for up to three years.

**④  Stay-Away Orders**

- a.  I agree to the orders requested.
- b.  I do not agree to the orders requested.
- c.  I agree to the following orders (*specify*): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**⑤  Additional Protected Persons**

- a.  I agree that the persons listed in item ③ of Form CH-100 may be protected by the order requested.
- b.  I do not agree that the persons listed in item ③ of Form CH-100 may be protected by the order requested.



**6 Guns or Other Firearms and Ammunition**

If you were served with Form CH-110, *Temporary Restraining Order*, you cannot own or possess any guns, other firearms, or ammunition. You must turn in any guns or firearms in your immediate possession or control and file a receipt with the court from a law enforcement agency or a licensed gun dealer within 48 hours after you received Form CH-110. (See item **7** of Form CH-110.) You may use Form CH-800, *Proof of Firearms Turned In or Sold*, for the receipt.

- a.  I do not own or control any guns or firearms.
- b.  I have turned in my guns and firearms to the police or sold them to a licensed gun dealer.

A copy of the receipt  is attached.  has already been filed with the court.

**7  Other Orders**

- a.  I agree to the orders requested.
- b.  I do not agree to the orders requested.
- c.  I agree to the following orders (*specify*): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**8  Denial**

I did not do anything described in item **7** of Form CH-100. (*Skip to 10*.)

**9  Justification or Excuse**

If I did some or all of the things that the person in **1** has accused me of, my actions were justified or excused for the following reasons (*explain*):

Check here if there is not enough space below for your answer. Put your complete answer on an attached sheet of paper and write "Attachment 9—Justification or Excuse" as a title. You may use Form MC-025, Attachment.

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**(10)  No Fee for Filing**

- a.  I request that I not be required to pay the filing fee because the person in (1) claims in Form CH-100 item (13) to be entitled to free filing.
- b.  I request that I not be required to pay the filing fee because I am eligible for a fee waiver. (*Form FW-001, Request to Waive Court Fees, must be filed separately.*)

**(11)  Lawyer's Fees and Costs**

- a.  I ask the court to order payment of my  Lawyer's fees  Court costs  
The amounts requested are:

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

*Check here if there are more items. Put the items and amounts on the attached sheet of paper or Form MC-025 and write "Attachment 11—Lawyer's Fees and Costs" for a title.*

- b.  I ask the court to deny the request of the person asking for protection that I pay his or her lawyer's fees and costs.

**(12)** Number of pages attached to this form, if any: \_\_\_\_\_

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

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

►  
*Lawyer's signature*

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

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

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

►  
*Sign your name*



## How Can I Respond to a Request for Civil Harassment Restraining Orders?

### What is a civil harassment restraining order?

It is a court order that prohibits you from doing certain things and going to certain places.

### What does the order do?

The court can order you to:

- Not contact the person who asked for the order
- Stay away from that person and the person's home and workplace
- Not have any guns as long as the order is in effect

### Who can ask for a civil harassment restraining order?

A person who is worried about safety because he or she has been or is being:

- Stalked
- Harassed
- Assaulted, including sexually, or
- Threatened with violence

### I've been served with a request for civil harassment restraining orders. What do I do now?

Read the papers served on you very carefully. The *Notice of Court Hearing* tells you when to appear in court. There may also be a *Temporary Restraining Order* forbidding you from doing certain things. You must obey the order until the hearing.

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

The police can arrest you. You can go to jail and pay a fine.

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

You still must obey the order until the hearing. If you disagree with the orders the person is asking for, fill out Form CH-120, *Response to Request for Civil Harassment Restraining Orders*, before your hearing date and file it with the court. If you need to include attachments, you can use Form MC-025. You can get the forms from legal publishers or on the Internet at [www.courts.ca.gov](http://www.courts.ca.gov). You also may be able to find them at your local courthouse or county law library.

### Do I have to serve the other person with a copy of my response?

Yes. Have someone age 18 or older—not you—mail a copy of completed Form CH-120 to the person who asked for the order (or that person's lawyer). (This is called “service by mail.”)

The person who serves the form by mail must fill out Form CH-250, *Proof of Service of Response by Mail*. Have the person who did the mailing sign the original. Take the completed form back to the court clerk or bring it with you to the hearing.

### Should I go to the court hearing?

Yes. You should go to court on the date listed on Form CH-109, *Notice of Court Hearing*. If you do not go to the hearing, the judge can make orders against you without hearing from you.

| CH-109 Notice of Court Hearing   |  |
|--|--|
| <p><i>Clerk stamps date here when form is filed.</i></p> <p><b>① Person Seeking Protection</b></p> <p>a. Your Full Name: _____ Age: _____</p> <p>Your Lawyer (if you have one for this case): _____<br/>Name: _____ State Bar No.: _____<br/>Firm Name: _____</p> <p>b. Your Address (If you have a lawyer, give your lawyer's information.<br/>If you do not have a lawyer and you want to keep your home address private, you may give a different mailing address instead. You do not have to give telephone, fax, and e-mail):<br/>Address: _____<br/>City: _____ State: _____ Zip: _____<br/>Telephone: _____ Fax: _____<br/>E-Mail Address: _____</p> <p><i>Fill in court name and street address:<br/>Superior Court of California, County of _____</i></p> <p><i>Fill in case number:<br/>Case Number: _____</i></p> |  |
| <p><b>② Person From Whom Protection is Sought</b></p> <p>Full Name: _____ Age: _____</p> <p><i>The court will complete the rest of this form.</i></p> <p><b>③ Notice of Hearing</b></p> <p>A court hearing is scheduled on the request for restraining orders against the person in ②:</p> <p>Hearing Date: _____ Date: _____ Time: _____<br/>Dept: _____ Room: _____</p> <p>Name and address of court if different from above:</p>  |  |
| <p><b>④ Temporary Restraining Orders</b> (Any orders granted are on Form CH-110, served with this notice.)</p> <p>a. Temporary Restraining Orders for personal conduct and stay away orders as requested in Form CH-100, <i>Request for Orders to Stop Harassment</i>, are (check only one box below):</p> <p>(1) <input type="checkbox"/> All GRANTED until the court hearing.<br/>(2) <input type="checkbox"/> All DENIED until the court hearing. (Specify reasons for denial in b, below.)<br/>(3) <input type="checkbox"/> Partly GRANTED and partly DENIED until the court hearing. (Specify reasons for denial in b, below.)</p>  |  |
| <small>Judicial Council of California, www.courts.ca.gov<br/>New January 1, 2012, Optional Form<br/>Code of Civil Procedure, § 527.6 Approved by DCJ</small>   |  |
| <small>Notice of Court Hearing<br/>(Civil Harassment Prevention)</small>   |  |
| <small>CH-109, Page 1 of 3</small>   |  |

### How long does the order last?

If the court issued a temporary restraining order before the hearing, it will last until your hearing date. At that time, the court will decide to continue or cancel the order. Any order issued at the hearing can last for up to three years.

### Do I need a lawyer?

Having a lawyer is always a good idea, but it is not required, and you are not entitled to a free court-appointed attorney. Ask the court clerk about free and low-cost legal services and self-help centers in your county.

### 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.

### Can I bring a witness to the court hearing?

Yes. You can bring witnesses or documents that support your case to the hearing. But if possible, you should also bring the witnesses' written statements of what they saw or heard. Their statements must be made under penalty of perjury. You can use Form MC-030 for this.

### For help in your area, contact:

*[Local information may be inserted.]*

### What if I don't speak English?

When you file your papers, ask the clerk if a court interpreter is available. You may have to pay a fee for the interpreter. If an interpreter is not available for your court date, bring someone to interpret for you. You should ask someone age 18 or older to interpret for you.

### What if I have a gun?

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 a licensed gun dealer or turn it in to a law enforcement agency.

### Can I agree with the protected person to cancel the order?

No. Once the order is issued, only the judge can change or cancel it. You or the protected person would have to file a request with the court to cancel the order.

### 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 court days before the hearing. Contact the clerk's 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.)

**CH-130****Civil Harassment Restraining  
Order After Hearing**

Person in ① must complete items ①, ②, and ③ only.

Clerk stamps date here when form is filed.

**① Protected Person**

a. Your Full 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**

Fill in case number:

**Case Number:****② Restrained Person**

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

Description:

Sex:  M  F Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Age: \_\_\_\_\_ Race: \_\_\_\_\_

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

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

Relationship to Protected Person: \_\_\_\_\_

**③  Additional Protected Persons**

In addition to the person named in ①, the following family or household members of that person are protected by the orders indicated below:

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

 Check here if there are additional protected persons. List them on an attached sheet of paper and write, "Attachment 3—Additional Protected Persons" as a title. You may use Form MC-025, Attachment.**④ Expiration Date***This Order, except for any award of lawyer's fees, expires at:*Time: \_\_\_\_\_  a.m.  p.m. or  midnight on (date): \_\_\_\_\_

If no expiration date is written here, this Order expires three years from the date of issuance.

**This is a Court Order.**

**5 Hearing**

- a. There was a hearing on (date): \_\_\_\_\_ at (time): \_\_\_\_\_ in Dept.: \_\_\_\_\_ Room: \_\_\_\_\_  
*(Name of judicial officer):* \_\_\_\_\_ made the orders at the hearing.
- b. These people were at the hearing:
- (1)  The person in ① (3)  The lawyer for the person in ① (name): \_\_\_\_\_  
(2)  The person in ② (4)  The lawyer for the person in ② (name): \_\_\_\_\_  
 Additional persons present are listed at the end of this Order on Attachment 5.
- c.  The hearing is continued. The parties must return to court on (date): \_\_\_\_\_ at (time): \_\_\_\_\_.

**To the Person in ②:**

**The court has granted the orders checked below. If you do not obey these orders, you can be arrested and charged with a crime. You may be sent to jail for up to one year, pay a fine of up to \$1,000, or both.**

**6  Personal Conduct Orders**

- a. You must **not** do the following things to the person named in ①  
 and to the other protected persons listed in ③:
- (1)  Harass, intimidate, molest, attack, strike, stalk, threaten, assault (sexually or otherwise), hit, abuse, destroy personal property of, or disturb the peace of the person.  
(2)  Contact the person, either directly or indirectly, in **any** way, including, but not limited to, in person, by telephone, in writing, by public or private mail, by interoffice mail, by e-mail, by text message, by fax, or by other electronic means.  
(3)  Take any action to obtain the person's address or location. If this item is not checked, the court has found good cause not to make this order.  
(4)  Other (specify):  
 Other personal conduct orders are attached at the end of this Order on Attachment 6a(4).
- b. Peaceful written contact through a lawyer or a process server or other person for service of legal papers related to a court case is allowed and does not violate this order.

**7  Stay-Away Orders**

- a. You **must** stay at least \_\_\_\_\_ yards away from (*check all that apply*):
- |  |   |
|--|---|
| (1) <input type="checkbox"/> The person in ①                               | (6) <input type="checkbox"/> The place of child care of the children of the person in ① |
| (2) <input type="checkbox"/> Each person in ③                              | (7) <input type="checkbox"/> The vehicle of the person in ①                             |
| (3) <input type="checkbox"/> The home of the person in ①                   | (8) <input type="checkbox"/> Other (specify): _____<br>_____                            |
| (4) <input type="checkbox"/> The job or workplace of the person in ①       |   |
| (5) <input type="checkbox"/> The school of the children of the person in ① |   |
- b. This stay-away order does not prevent you from going to or from your home or place of employment.

**This is a Court Order.**

**8 No Guns or Other Firearms and Ammunition**

- a. You cannot own, possess, have, buy or try to buy, receive or try to receive, or in any other way get guns, other firearms, or ammunition.
- b. If you have not already done so, you must:
  - Sell to a licensed gun dealer or turn in to a law enforcement agency any guns or other firearms in your immediate possession or control. This must be done within 24 hours of being served with this Order.
  - File a receipt with the court within 48 hours of receiving this Order that proves that your guns or firearms have been turned in or sold. (*You may use Form CH-800, Proof of Firearms Turned In or Sold, for the receipt.*)
- c.  The court has received information that you own or possess a firearm.

**9  Lawyer's Fees and Costs**

The person in \_\_\_\_\_ must pay to the person in \_\_\_\_\_ the following amounts for:

- a.  Lawyer's fees    b.  Court costs

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

Additional items and amounts are attached at the end of this Order on Attachment 9.

**10  Other Orders (specify):**


---



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Additional orders are attached at the end of this Order on Attachment 10.

**To the Person in ① :****11 Mandatory Entry of Order Into CARPOS Through CLETS**

This Order must be entered into the California Restraining and Protective Order System (CARPOS) through the California Law Enforcement Telecommunications System (CLETS). (Check one):

- a.  The clerk will enter this Order and its proof-of-service form into CARPOS.
- b.  The clerk will transmit this Order and its proof-of-service form to a law enforcement agency to be entered into CARPOS.
- c.  By the close of business on the date that this Order is made, you or your lawyer should deliver a copy of the Order and its proof-of-service form to the law enforcement agency listed below to enter into CARPOS:

Name of Law Enforcement Agency

Address (City, State, Zip)

---



---

Additional law enforcement agencies are listed at the end of this Order on Attachment 11.

**This is a Court Order.**

**(12) Service of Order on Restrained Person**

- a.  The person in (2) personally attended the hearing. No other proof of service is needed.
- b.  The person in (2) did not attend the hearing.
  - (1)  Proof of service of Form CH-110, *Temporary Restraining Order*, was presented to the court. The judge's orders in this form are the same as in Form CH-110 except for the expiration date. The person in (2) must be served with this Order. Service may be by mail.
  - (2)  The judge's orders in this form are different from the temporary restraining orders in Form CH-110. Someone—but not anyone in (1) or (3)—must personally serve a copy of this Order on the person in (2).

**(13)  No Fee to Serve (Notify) Restrained Person**

The sheriff or marshal will serve this Order without charge because:

- a.  The Order is based on unlawful violence, a credible threat of violence, or stalking.
- b.  The person in (1) is entitled to a fee waiver.

**(14)** Number of pages attached to this Order, if any: \_\_\_\_\_

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

*Judicial Officer*

**Warning and Notice to the Restrained Person in (2) :**
**You Cannot Have Guns or Firearms**

You cannot own, have, possess, buy or try to buy, receive or try to receive, or otherwise get guns, other firearms, or ammunition while this Order is in effect. If you do, you can go to jail and pay a \$1,000 fine. You must sell to a licensed gun dealer or turn in to a law enforcement agency any guns or other firearms that you have or control as stated in item (8) above. The court will require you to prove that you did so.

**Instructions for Law Enforcement**
**Enforcing the Restraining Order**

This Order is enforceable by any law enforcement agency that has received the Order, is shown a copy of the Order, or has verified its existence on the California Restraining and Protective Order System (CARPOS). If the law enforcement agency has not received proof of service on the restrained person, and the restrained person was not present at the court hearing, the agency must advise the restrained person of the terms of the Order and then must enforce it. Violations of this Order are subject to criminal penalties.

**This is a Court Order.**

## Start Date and End Date of Orders

This Order *starts* on the date next to the judge's signature on page 4 and *ends* on the expiration date in item ④ on page 1.

## Arrest Required If Order Is Violated

If an officer has probable cause to believe that the restrained person had notice of the order and has disobeyed it, the officer must arrest the restrained person. (Pen. Code, §§ 836(c)(1), 13701(b).) A violation of the order may be a violation of Penal Code section 166 or 273.6. Agencies are encouraged to enter violation messages into CARPOS.

## Notice/Proof of Service

The law enforcement agency must first determine if the restrained person had notice of the order. Consider the restrained person "served" (given notice) if (Pen. Code, § 836(c)(2)):

- The officer sees a copy of the *Proof of Service* or confirms that the *Proof of Service* is on file; or
- The restrained person was at the restraining order hearing or was informed of the order by an officer.

An officer can obtain information about the contents of the order and proof of service in CARPOS. If proof of service on the restrained person cannot be verified and the restrained person was not present at the court hearing, the agency must advise the restrained person of the terms of the order and then enforce it.

## If the Protected Person Contacts the Restrained Person

Even if the protected person invites or consents to contact with the restrained person, this Order remains in effect and must be enforced. The protected person cannot be arrested for inviting or consenting to contact with the restrained person. The orders can be changed only by another court order. (Pen. Code, § 13710(b).)

## Conflicting Orders

A protective order issued in a criminal case on Form CR-161 takes precedence in enforcement over any conflicting civil court order. (Pen. Code, § 136.2(e)(2).) Any nonconflicting terms of the civil restraining order remain in full force. An *Emergency Protective Order* (Form EPO-001) that is in effect between the same parties and is more restrictive than other restraining orders takes precedence over all other restraining orders. (Pen. Code, § 136.2.)

*Clerk's Certificate*

[seal]

(Clerk will fill out this part.)

### —Clerk's Certificate—

I certify that this *Civil Harassment Restraining Order After Hearing* is a true and correct copy of the original on file in the court.

Date: \_\_\_\_\_ Clerk, by \_\_\_\_\_, Deputy

**This is a Court Order.**



Clerk stamps date here when form is filed.

**1 Person Seeking Protection**

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

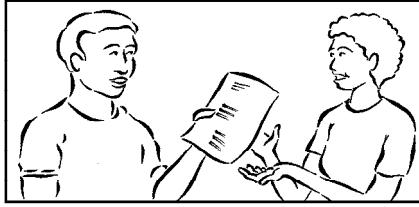
**2 Person From Whom Protection Is Sought**

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

**3 Notice to Server**

The server must:

- Be 18 years of age or older.
- Not be listed in items ① or ③ of Form CH-100.
- Give a copy of all documents checked in ④ to the person in ②. (You cannot send them by mail.) Then complete and sign this form and give or mail it to the person in ①.



Fill in court name and street address:

Superior Court of California, County of \_\_\_\_\_

Fill in case number:

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

**PROOF OF PERSONAL SERVICE****4** I gave the person in ② a copy of the forms checked below:

- a.  CH-109, *Notice of Court Hearing*
- b.  CH-110, *Temporary Restraining Order*
- c.  CH-100, *Request for Civil Harassment Restraining Orders*
- d.  CH-120, *Response to Request for Civil Harassment Restraining Orders* (blank form)
- e.  CH-120-INFO, *How Can I Respond to a Request for Civil Harassment Restraining Orders?*
- f.  CH-130, *Civil Harassment Restraining Order After Hearing*
- g.  CH-800, *Proof of Firearms Turned In or Sold* (blank form)
- h.  Other (specify): \_\_\_\_\_

**5** I personally gave copies of the documents checked above to the person in ② :a. On (date): \_\_\_\_\_ b. At (time): \_\_\_\_\_  a.m.  p.m.

c. At this address: \_\_\_\_\_

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

**6 Server's Information**

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

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

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

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

(If you are a registered process server):

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

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



## What is "Service"?

Service is the act of giving your legal papers to the other party. There are many kinds of service—in person, by mail, and others. This form is about personal or “in-person” service. The *Request for Civil Harassment Restraining Orders* (Form CH-100), the *Notice of Court Hearing* (Form CH-109), and the *Temporary Restraining Order* (Form CH-110) must be served “in person.” That means that someone must personally “serve” (give) a copy of the forms to the person to be restrained. These forms cannot be served by mail.

Service lets the other person know:

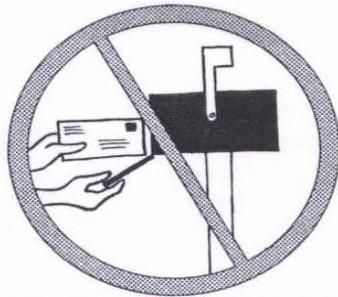
- What orders you are asking for
- The hearing date
- How to respond

## Why do I have to get the orders served?

- The police cannot arrest anyone for violating an order unless that person knows about the order.
- The judge cannot make the orders permanent unless the restrained person was served.

## Who can serve?

Ask someone you know, a process server, or a law enforcement agency to personally serve (give) a copy of the forms to the person to be restrained. You **cannot** send the forms to that person by mail.



*Don't serve it by mail!*

The server must:

- Be 18 years of age or older
- Not be you or anyone whom you are asking to be protected by the orders

The sheriff or marshal may be authorized to serve the court’s orders **for free** if the orders are based on claims of stalking, unlawful violence, or a credible threat of violence, or if you are entitled to a fee waiver.

A “registered process server” is a business you pay to deliver court forms. Look for “Process Serving” in the Yellow Pages or on the Internet.

(If a law enforcement agency or the process server uses a different proof-of-service form, make sure it lists the forms served.)

## How to serve

Ask the server to:

- Walk up to the person to be served.
- Make sure it is the right person. Ask the person’s name.
- Give the person copies of all papers checked on Form CH-200, *Proof of Personal Service*.
- Fill out and sign the *Proof of Personal Service* form.
- Give the signed *Proof of Personal Service* to you.

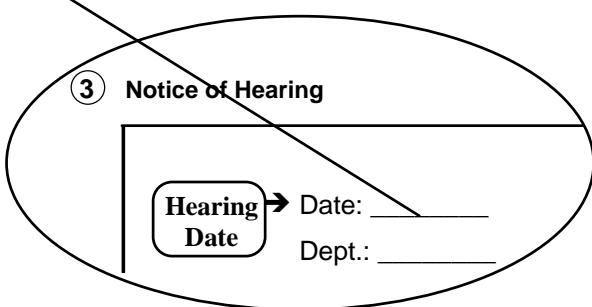
## What if the person won’t take the papers or tears them up?

- If the person won’t take the papers, just leave them near him or her.
- It doesn’t matter if the person tears them up. Service is still complete.

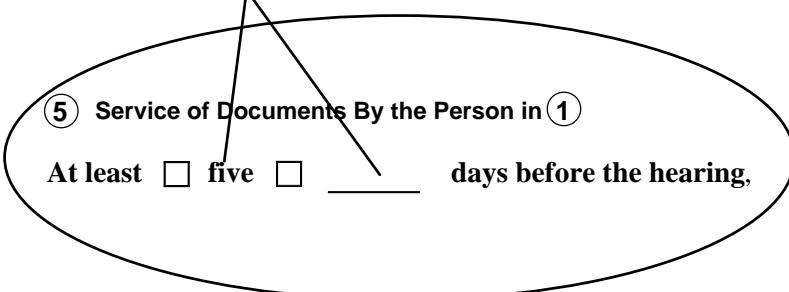
### When do the orders have to be served?

It depends. To know the exact date, you have to look at two things on Form CH-109, *Notice of Court Hearing*:

First, look at the hearing date on page 1 of Form CH-109.



Next, look at the number of days in item ⑤ on page 2 of Form CH-109.



Look at a calendar. Subtract the number of days in ⑤ from the hearing date. That is the final date to have the orders served. It is always OK to serve earlier than that date.

If nothing is checked or written in ⑤, you must serve the orders at least five days before the hearing.

### Who signs the *Proof of Personal Service*?

Only the person who serves the forms can sign Form CH-200, *Proof of Personal Service*. You do not sign it; the restrained person does not need to sign it.

### What do I do with the completed *Proof of Personal Service*?

If someone other than the sheriff serves the papers, you should:

- Make several copies.
- File the original with the court before your hearing.
- Ask the clerk to enter it into the California Law Enforcement Telecommunications System (CLETS), a special computer system that lets police all over the state find out about the orders protecting you.
- If the clerk tells you that the court cannot enter it into the computer, take a copy of the *Temporary Restraining Order* (Form CH-110) and *Proof of Personal Service* (Form CH-200) to your local police. They will put the information into the state computer system. That way, police all over the state will know that your restraining order has been served.
- Bring a copy of the completed *Proof of Personal Service* to your hearing.
- Always keep an extra copy of the restraining orders with you for your safety.

If the sheriff serves the papers, he or she will send the proof of service to the court and CLETS for you.

### What happens if I can't get the orders served before the hearing date?

Before your hearing, fill out and file Form CH-115, *Request to Continue Court Hearing and to Reissue Temporary Restraining Order*. This form asks the court for a new hearing date and makes your orders last until then. Ask the clerk for the form. After the court has reissued the orders, attach a copy of Form CH-116, *Notice of New Hearing Date and Order on Reissuance*, to a copy of your original orders. Ask the clerk to enter Form CH-116 into CLETS, or the clerk may ask you or your attorney to deliver a copy to the police. That way, the police will know your orders are still in effect.

Clerk stamps date here when form is filed.

**1 Person Seeking Protection**

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

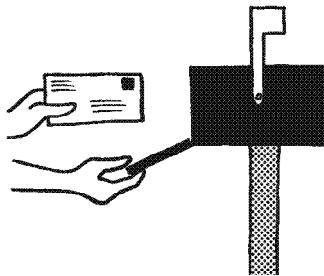
**2 Person From Whom Protection Is Sought**

Your Name: \_\_\_\_\_

**3 Notice to Server**

The server must:

- Be 18 years of age or older.
- Live or be employed in the county where the mailing took place.
- Not be listed in items ① or ③ of Form CH-100.
- Mail a copy of all documents checked in ④ to the person in ①.
- Complete and sign this form and give it to the person in ②.



Fill in court name and street address:

Superior Court of California, County of \_\_\_\_\_

Fill in case number:

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

**PROOF OF SERVICE BY MAIL**

**4** I am 18 years of age or older and not a party to this proceeding. I live or am employed in the county where the mailing took place. I mailed the person in ① a copy of all documents checked below:

a. Form CH-120, *Response to Request for Civil Harassment Restraining Orders*b.  Other (specify): \_\_\_\_\_

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

a. Mailed to (name): \_\_\_\_\_

b. To this address: \_\_\_\_\_

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

c. On (date): \_\_\_\_\_ 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: \_\_\_\_\_

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



**CH-130****Civil Harassment Restraining  
Order After Hearing**

Person in ① must complete items ①, ②, and ③ only.

Clerk stamps date here when form is filed.

**① Protected Person**

a. Your Full 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**

Fill in case number:

**Case Number:****② Restrained Person**

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

Description: \_\_\_\_\_

Sex:  M  F Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Age: \_\_\_\_\_ Race: \_\_\_\_\_

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

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

Relationship to Protected Person: \_\_\_\_\_

**③  Additional Protected Persons**

In addition to the person named in ①, the following family or household members of that person are protected by the orders indicated below:

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

Check here if there are additional protected persons. List them on an attached sheet of paper and write, "Attachment 3—Additional Protected Persons" as a title. You may use Form MC-025, Attachment.

**④ Expiration Date**

This Order, except for any award of lawyer's fees, expires at:

Time: \_\_\_\_\_  a.m.  p.m. or  midnight on (date): \_\_\_\_\_

If no expiration date is written here, this Order expires three years from the date of issuance.

**This is a Court Order.**

**5 Hearing**

- a. There was a hearing on (date): \_\_\_\_\_ at (time): \_\_\_\_\_ in Dept.: \_\_\_\_\_ Room: \_\_\_\_\_  
*(Name of judicial officer):* \_\_\_\_\_ made the orders at the hearing.
- b. These people were at the hearing:
- (1)  The person in ① (3)  The lawyer for the person in ① (name): \_\_\_\_\_  
(2)  The person in ② (4)  The lawyer for the person in ② (name): \_\_\_\_\_  
 Additional persons present are listed at the end of this Order on Attachment 5.
- c.  The hearing is continued. The parties must return to court on (date): \_\_\_\_\_ at (time): \_\_\_\_\_.

**To the Person in ②:**

**The court has granted the orders checked below. If you do not obey these orders, you can be arrested and charged with a crime. You may be sent to jail for up to one year, pay a fine of up to \$1,000, or both.**

**6  Personal Conduct Orders**

- a. You must **not** do the following things to the person named in ①  
 and to the other protected persons listed in ③:
- (1)  Harass, intimidate, molest, attack, strike, stalk, threaten, assault (sexually or otherwise), hit, abuse, destroy personal property of, or disturb the peace of the person.  
(2)  Contact the person, either directly or indirectly, in **any** way, including, but not limited to, in person, by telephone, in writing, by public or private mail, by interoffice mail, by e-mail, by text message, by fax, or by other electronic means.  
(3)  Take any action to obtain the person's address or location. If this item is not checked, the court has found good cause not to make this order.  
(4)  Other (specify):  
 Other personal conduct orders are attached at the end of this Order on Attachment 6a(4).
- b. Peaceful written contact through a lawyer or a process server or other person for service of legal papers related to a court case is allowed and does not violate this order.

**7  Stay-Away Orders**

- a. You **must** stay at least \_\_\_\_\_ yards away from (*check all that apply*):
- |  |   |
|--|---|
| (1) <input type="checkbox"/> The person in ①                               | (6) <input type="checkbox"/> The place of child care of the children of the person in ① |
| (2) <input type="checkbox"/> Each person in ③                              | (7) <input type="checkbox"/> The vehicle of the person in ①                             |
| (3) <input type="checkbox"/> The home of the person in ①                   | (8) <input type="checkbox"/> Other (specify): _____<br>_____                            |
| (4) <input type="checkbox"/> The job or workplace of the person in ①       |   |
| (5) <input type="checkbox"/> The school of the children of the person in ① |   |
- b. This stay-away order does not prevent you from going to or from your home or place of employment.

**This is a Court Order.**

**8 No Guns or Other Firearms and Ammunition**

- a. You cannot own, possess, have, buy or try to buy, receive or try to receive, or in any other way get guns, other firearms, or ammunition.
- b. If you have not already done so, you must:
  - Sell to a licensed gun dealer or turn in to a law enforcement agency any guns or other firearms in your immediate possession or control. This must be done within 24 hours of being served with this Order.
  - File a receipt with the court within 48 hours of receiving this Order that proves that your guns or firearms have been turned in or sold. (*You may use Form CH-800, Proof of Firearms Turned In or Sold, for the receipt.*)
- c.  The court has received information that you own or possess a firearm.

**9  Lawyer's Fees and Costs**

The person in \_\_\_\_\_ must pay to the person in \_\_\_\_\_ the following amounts for:

- a.  Lawyer's fees    b.  Court costs

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

Additional items and amounts are attached at the end of this Order on Attachment 9.

**10  Other Orders (specify):**


---



---



---

Additional orders are attached at the end of this Order on Attachment 10.

**To the Person in ① :****11 Mandatory Entry of Order Into CARPOS Through CLETS**

This Order must be entered into the California Restraining and Protective Order System (CARPOS) through the California Law Enforcement Telecommunications System (CLETS). (Check one):

- a.  The clerk will enter this Order and its proof-of-service form into CARPOS.
- b.  The clerk will transmit this Order and its proof-of-service form to a law enforcement agency to be entered into CARPOS.
- c.  By the close of business on the date that this Order is made, you or your lawyer should deliver a copy of the Order and its proof-of-service form to the law enforcement agency listed below to enter into CARPOS:

Name of Law Enforcement Agency

Address (City, State, Zip)

---



---

Additional law enforcement agencies are listed at the end of this Order on Attachment 11.

**This is a Court Order.**

**(12) Service of Order on Restrained Person**

- a.  The person in (2) personally attended the hearing. No other proof of service is needed.
- b.  The person in (2) did not attend the hearing.
  - (1)  Proof of service of Form CH-110, *Temporary Restraining Order*, was presented to the court. The judge's orders in this form are the same as in Form CH-110 except for the expiration date. The person in (2) must be served with this Order. Service may be by mail.
  - (2)  The judge's orders in this form are different from the temporary restraining orders in Form CH-110. Someone—but not anyone in (1) or (3)—must personally serve a copy of this Order on the person in (2).

**(13)  No Fee to Serve (Notify) Restrained Person**

The sheriff or marshal will serve this Order without charge because:

- a.  The Order is based on unlawful violence, a credible threat of violence, or stalking.
- b.  The person in (1) is entitled to a fee waiver.

**(14)** Number of pages attached to this Order, if any: \_\_\_\_\_

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

*Judicial Officer*

**Warning and Notice to the Restrained Person in (2) :**
**You Cannot Have Guns or Firearms**

You cannot own, have, possess, buy or try to buy, receive or try to receive, or otherwise get guns, other firearms, or ammunition while this Order is in effect. If you do, you can go to jail and pay a \$1,000 fine. You must sell to a licensed gun dealer or turn in to a law enforcement agency any guns or other firearms that you have or control as stated in item (8) above. The court will require you to prove that you did so.

**Instructions for Law Enforcement**
**Enforcing the Restraining Order**

This Order is enforceable by any law enforcement agency that has received the Order, is shown a copy of the Order, or has verified its existence on the California Restraining and Protective Order System (CARPOS). If the law enforcement agency has not received proof of service on the restrained person, and the restrained person was not present at the court hearing, the agency must advise the restrained person of the terms of the Order and then must enforce it. Violations of this Order are subject to criminal penalties.

**This is a Court Order.**

## Start Date and End Date of Orders

This Order *starts* on the date next to the judge's signature on page 4 and *ends* on the expiration date in item ④ on page 1.

## Arrest Required If Order Is Violated

If an officer has probable cause to believe that the restrained person had notice of the order and has disobeyed it, the officer must arrest the restrained person. (Pen. Code, §§ 836(c)(1), 13701(b).) A violation of the order may be a violation of Penal Code section 166 or 273.6. Agencies are encouraged to enter violation messages into CARPOS.

## Notice/Proof of Service

The law enforcement agency must first determine if the restrained person had notice of the order. Consider the restrained person "served" (given notice) if (Pen. Code, § 836(c)(2)):

- The officer sees a copy of the *Proof of Service* or confirms that the *Proof of Service* is on file; or
- The restrained person was at the restraining order hearing or was informed of the order by an officer.

An officer can obtain information about the contents of the order and proof of service in CARPOS. If proof of service on the restrained person cannot be verified and the restrained person was not present at the court hearing, the agency must advise the restrained person of the terms of the order and then enforce it.

## If the Protected Person Contacts the Restrained Person

Even if the protected person invites or consents to contact with the restrained person, this Order remains in effect and must be enforced. The protected person cannot be arrested for inviting or consenting to contact with the restrained person. The orders can be changed only by another court order. (Pen. Code, § 13710(b).)

## Conflicting Orders

A protective order issued in a criminal case on Form CR-161 takes precedence in enforcement over any conflicting civil court order. (Pen. Code, § 136.2(e)(2).) Any nonconflicting terms of the civil restraining order remain in full force. An *Emergency Protective Order* (Form EPO-001) that is in effect between the same parties and is more restrictive than other restraining orders takes precedence over all other restraining orders. (Pen. Code, § 136.2.)

*Clerk's Certificate*

[seal]

(Clerk will fill out this part.)

### —Clerk's Certificate—

I certify that this *Civil Harassment Restraining Order After Hearing* is a true and correct copy of the original on file in the court.

Date: \_\_\_\_\_ Clerk, by \_\_\_\_\_, Deputy

**This is a Court Order.**



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**

Fill in case number:

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

If the court has ordered you to sell or turn in 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 CH-800-INFO, *How do I Turn in or Sell 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 to you.

The firearms listed in ⑥ were sold to me 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*

**6 Firearms**

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

*Check here if you turned in or sold more firearms. Attach a sheet of paper and write "CH-800, Item 6—Firearms Turned In or Sold" 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 sold or transferred those other firearms?  Yes  No

*If yes, check one of the boxes below:*

- a.  I filed a *Proof of Firearms Turned In or Sold* 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

**1 What is a firearm?**

A firearm is a:

- Handgun
- Rifle
- Shotgun
- Assault weapon

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

- Turn it in to local law enforcement *or*
- Sell it to a licensed gun dealer

**3 How do I sell 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 police department

**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.



## SUMMARY DISSOLUTION

**THE LAW DOES NOT ALLOW PERSONNEL OF THE OFFICE OF THE CLERK OF THE SUPERIOR COURT TO ASSIST IN THE SELECTION OR PREPARATION OF ANY FORMS OR TO ADVISE YOU AS TO ANY PROCEDURE TO BE FOLLOWED IN OBTAINING A JUDGMENT**

Attached are the forms usually necessary to commence an action for Summary Dissolution.

| <b>Form #</b> | <b>Title</b> | <b>Number of Copies</b> |
|---------------|--------------|-------------------------|
|---------------|--------------|-------------------------|

|         |                                 |   |
|---------|---------------------------------|---|
| SHC-001 | Steps for a Summary Dissolution | 1 |
|---------|---------------------------------|---|

**Sample Forms**

|        |  |   |
|--------|--|---|
| FL-141 | Declaration Regarding Service of Declaration of Disclosure                                 | 2 |
| FL-800 | Joint Petition for Summary Dissolution of Marriage   | 1 |
| FL-820 | Request for Judgment, Judgment of Dissolution of Marriage, and Notice of Entry of Judgment | 1 |

**Forms for the Petitioner**

|        |  |   |
|--------|--|---|
| FL-810 | Summary Dissolution Information (Pages 10, 12, and 14)     | 1 |
| FL-142 | Schedule of Assets and Debts                               | 1 |
| FL-150 | Income and Expense Declaration                             | 1 |
| FL-140 | Declaration of Disclosure                                  | 1 |
| FL-141 | Declaration Regarding Service of Declaration of Disclosure | 1 |

**Forms for the Respondent**

|        |  |   |
|--------|--|---|
| FL-810 | Summary Dissolution Information (Pages 10, 12, 14)         | 1 |
| FL-142 | Schedule of Assets and Debts                               | 1 |
| FL-150 | Income and Expense Declaration                             | 1 |
| FL-140 | Declaration of Disclosure                                  | 1 |
| FL-141 | Declaration Regarding Service of Declaration of Disclosure | 1 |

**Forms for the Petitioner and the Respondent – Completed Together**

|        |  |   |
|--------|--|---|
| FL-800 | Joint Petition for Summary Dissolution of Marriage   | 1 |
| FL-820 | Request for Judgment, Judgment of Dissolution of Marriage, and Notice of Entry of Judgment | 1 |

**ALL FORMS MUST BE TYPED OR LEGIBLY PRINTED IN BLACK INK AND SIGNED.**

Complete all forms in their entirety, i.e., all boxes checked as applicable; attachments attached, if applicable; and “NONE”, “NOT APPLICABLE”, or “UNKNOWN” typed in if required.





MONTEREY COUNTY SUPERIOR COURT  
SELF-HELP CENTER INFORMATION PACKET

**Steps for a Summary Dissolution**

(Self-Help Center (SHC) Packet #4)

1. **Make sure you qualify for a summary dissolution.** To qualify, you must meet **all** of the following requirements. You and your spouse:
  - have lived in California for the last **6 months** and in Monterey County for the last **3 months**;
  - have been married **less than 5 years** on the date you file your *Joint Petition for Summary Dissolution of Marriage* (FL-800);
  - have **no children together** that were adopted or born before or during the marriage (and neither of you are pregnant now);
  - do not** own or have an interest in any real estate (house, condominium, rental property, land, or a 1-year lease or option to buy);
  - do not** owe more than **\$6,000** for debts acquired since the date of your marriage (do not count car loans);
  - have **less than \$36,000** worth of property acquired during the marriage (do not count your cars);
  - do not** have separate property worth more than **\$36,000** (do not count money you owe on the property or auto loans); AND
  - agree to **not pay** each other spousal support.
2. **Read the *Summary Dissolution Booklet* (FL-810)** available at [www.courtinfo.ca.gov/forms](http://www.courtinfo.ca.gov/forms) (it includes information and samples for filling out pages 8, 10, and 12 of the *Worksheets*).
3. **Each** spouse must fill out the attached blank forms (type or print legibly in blue or black ink):
  - *Worksheets* (only pages 8, 10, and 12), *Schedule of Assets and Debts* (FL-142), and *Income and Expense Declaration* (FL-150) and attach them to the *Declaration of Disclosure* (FL-140). Make a copy and exchange these forms with your spouse. **Do not** file these forms with the court.
  - *Declaration Regarding Service of Declaration of Disclosure and Income and Expense Declaration* (FL-141) - see the attached sample forms as a guide. **Make two copies.**

## Steps for a Summary Dissolution (continued)

4. **Together**, the spouses fill out the following:
  - *Joint Petition for Summary Dissolution of Marriage* (FL-800) - see the attached sample forms as a guide. **Make two copies.**
  - Property settlement agreement, if necessary. The property settlement agreement is necessary only if you have property or debts to divide (see *Summary Dissolution Booklet* (FL-810) for details).
  - *Request for Judgment, Judgment of Dissolution of Marriage, and Notice of Entry of Judgment* (FL-820).
5. **File your papers:** Bring the original with the two copies of **each** spouse's *Declaration Regarding Service of Declaration of Disclosure and Income and Expense Declaration* (FL-141). **File** the FL-141 forms **along** with the original and the two copies of the *Joint Petition for Summary Dissolution of Marriage* (FL-800). Keep one filed copy for yourself and give one copy to your spouse. You will pay a filing fee of \$320.00 to open up the case and to get your papers filed. If you think you cannot afford the filing fee, fill out the fee waiver forms (FW-001 and FW-003), available at the Clerk's Office, the Self-Help Center, or at [www.courtinfo.ca.gov/forms](http://www.courtinfo.ca.gov/forms).
6. Wait 6 months and one day from the date you filed your papers. If you still want to go through with the Divorce and neither one of you has filed to stop the process (FL-830), you can then finish the Divorce.
7. **File the final papers:** Bring the original with two copies of the *Request for Judgment, Judgment of Dissolution of Marriage, and Notice of Entry of Judgment* (FL-820), along with two self-addressed stamped envelopes (one made out to you and one made out to your spouse), to the Clerk's Office. The clerk will process the forms, and mail one file-stamped copy to you and one to your spouse, within eight weeks of filing.

## Sample Forms

- |        |   |
|--------|---|
| FL-141 | Declaration Regarding Service of Declaration of Disclosure                                    |
| FL-800 | Joint Petition for Summary Dissolution  |
| FL-820 | Request for Judgment, Judgment of Dissolution of Marriage, and Notice<br>of Entry of Judgment |



|   |  |                            |  |
|---|--|----------------------------|--|
| ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address):<br><br><b>Your Name</b><br><b>Street Address</b><br><b>City, State, and Zip Code</b>  |  | This is the<br>Form Number |  |
| TELEPHONE NO.: <b>IN PRO PER</b>  |  | X NO.: <b>Monterey</b>     |  |
| ATTORNEY FOR (Name):<br><br><b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b><br>STREET ADDRESS: <b>1200 Aguajito Road</b><br>MAILING ADDRESS: <b>1200 Aguajito Road</b><br>CITY AND ZIP CODE: <b>Monterey, CA 93940</b><br>BRANCH NAME: <b>Monterey</b> |  | <b>PETITIONER SAMPLE</b>   |  |
| PETITIONER: <b>Your Name for PETITIONER</b>   |  |                            |  |
| RESPONDENT: <b>Other Party's Name for RESPONDENT</b>  |  |                            |  |
| <b>DECLARATION REGARDING SERVICE OF DECLARATION<br/>OF DISCLOSURE AND INCOME AND EXPENSE DECLARATION</b>  |  | CASE NUMBER:               |  |
| <input checked="" type="checkbox"/> Petitioner's <input checked="" type="checkbox"/> Preliminary<br><input type="checkbox"/> Respondent's <input type="checkbox"/> Final  |  | Check these boxes          |  |

1. I am the  Attorney for  Petitioner  Respondent in this matter.
2.  Petitioner's  Respondent's *Preliminary Declaration of Disclosure and Income and Expense Declaration* was served on:  
 Attorney for  Petitioner  Respondent by:  personal service  mail  other (specify):  
on (date): **The date the forms were given to your spouse.**
3.  Petitioner's  Respondent's *Final Declaration of Disclosure and Income and Expense Declaration* was served on:  
 Attorney for  Petitioner  Respondent by:  personal service  mail  other (specify):  
on (date):
4.  Service of *Preliminary Declaration of Disclosure* has been waived under Family Code section 2105, subdivision (d).

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: **Date Here**

**Print Your Name**

(TYPE OR PRINT NAME)

**Sign Your Name**

(SIGNATURE)

**Note:**

**File this document with the court.  
Do not file a copy of either the *Preliminary* or *Final Declaration of Disclosure* with this document.**



|   |  |   |
|---|--|---|
| ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address):<br><br><b>Your Name<br/>Street Address<br/>City, State, and Zip Code</b>  |  | FOR COURT USE ONLY  |
| TELEPHONE NO.: <b>IN PRO PER</b>  |  | X NO.: <b>Monterey</b>  |
| ATTORNEY FOR (Name): <b>Monterey</b>  |  |   |
| <b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b><br><br>STREET ADDRESS: <b>1200 Aguajito Road</b><br>MAILING ADDRESS: <b>1200 Aguajito Road</b><br>CITY AND ZIP CODE: <b>Monterey, CA 93940</b><br>BRANCH NAME: <b>Monterey</b> |  |   |
| PETITIONER:   | <b>Other Party's Name for PETITIONER</b> |   |
| RESPONDENT:   | <b>Your Name for RESPONDENT</b>          |   |
| <b>DECLARATION REGARDING SERVICE OF DECLARATION<br/>OF DISCLOSURE AND INCOME AND EXPENSE DECLARATION</b>  |  | CASE NUMBER:<br><br><b>Check these boxes</b>                                      |
| <input type="checkbox"/> Petitioner's<br><input checked="" type="checkbox"/> Respondent's   |  | <input checked="" type="checkbox"/> Preliminary<br><input type="checkbox"/> Final |

1. I am the  Attorney for  Petitioner  Respondent in this matter.
2.  Petitioner's  Respondent's *Preliminary Declaration of Disclosure and Income and Expense Declaration* was served on:  
 Attorney for  Petitioner  Respondent by:  personal service  mail  other (specify):  
on (date): **The date the forms were given to your spouse or domestic partner.**
3.  Petitioner's  Respondent's *Final Declaration of Disclosure and Income and Expense Declaration* was served on:  
 Attorney for  Petitioner  Respondent by:  personal service  mail  other (specify):  
on (date):
4.  Service of *Final Declaration of Disclosure* has been waived under Family Code section 2105, subdivision (d).

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: **Date Here**

**Print Your Name**

**Sign Your Name**

(TYPE OR PRINT NAME) (SIGNATURE)

**Note:**  
**File this document with the court.**  
**Do not file a copy of either the *Preliminary* or *Final Declaration of Disclosure* with this document.**



|   |  |                     |
|---|--|---------------------|
| ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number and address).  |  | FOR COURT USE ONLY  |
| <b>Your Name</b><br><b>Street Address</b><br><b>City, State, and Zip Code</b><br><small>TELEPHONE NO.:</small><br><small>E-MAIL ADDRESS (Optional):</small><br><small>ATTORNEY FOR (Name):</small>  |  | FAX NO. (Optional): |
| <small>IN PRO PER</small><br><small>Monterey</small>  |  |                     |
| <b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b><br><small>STREET ADDRESS:</small> <b>1200 Aguajito Road</b><br><small>MAILING ADDRESS:</small> <b>1200 Aguajito Road</b><br><small>CITY AND ZIP CODE:</small> <b>Monterey, CA 93940</b><br><small>BRANCH NAME:</small> <b>Monterey</b> |  |                     |
| <b>MARRIAGE OF</b><br><small>HUSBAND:</small> <b>Husband's Name</b><br><small>WIFE:</small> <b>Wife's Name</b>  |  |                     |
| <b>JOINT PETITION FOR SUMMARY DISSOLUTION OF MARRIAGE</b>   |  | CASE NUMBER:        |

**SAMPLE**

We petition for a summary dissolution of marriage and declare that all the following conditions exist on the date this petition is filed with the court:

1. We have read and understand the *Summary Dissolution Information* booklet (form FL-810).
2. We were married on (date): **Enter the date you were married.**  
(A summary dissolution of your marriage will not be granted if you file this petition more than five years after the date of your marriage.)
3. One of us has lived in California for at least six months and in the county of filing for at least the three months preceding the date of filing.
4. There are no minor children who were born of our relationship before or during our marriage or adopted by us during our marriage. The wife, to her knowledge, is not pregnant.
5. Neither of us has an interest in any real property anywhere. **(You may have a lease for a residence in which one of you lives. It must terminate within a year from the date of filing this petition. The lease must not include an option to purchase.)**
6. Except for obligations with respect to automobiles, on obligations incurred by either or both of us during our marriage, we owe no more than \$6,000.
7. The total fair market value of community property assets, not including what we owe on those assets and not including automobiles, is less than \$36,000.
8. Neither of us has separate property assets, not including what we owe on those assets and not including automobiles, in excess of \$36,000.
9. We each have filled out and given the other an *Income and Expense Declaration* (form FL-150).
10. We each have filed **Check this box if you have no assets or debts.** of the worksheets on pages 8, 10, and 12 of the *Summary Dissolution Information* booklet. We have told each other in writing about any investments, business, or other income-producing opportunities we have had since we were separated based on investments made or work done during the marriage and before our declaration of disclosure. **Check this box if you have an agreement.**
11. **(Check whichever statement is true.)**
  - a.  We have no community assets or liabilities.
  - b.  We have signed an agreement listing and dividing all our community assets and liabilities necessary to carry out our agreement. A copy of our agreement is attached to this petition.
12. Irreconcilable differences have caused us to dissolve our marriage without our appearance in court, and each of us wishes to have the court restore the spouse's former name.
13.  The wife desires to have her former name restored. Her former name is (specify name): **Write the former names here**  
 The husband desires to have his former name restored. His former name is (specify name):

|          |                       |              |
|----------|-----------------------|--------------|
| HUSBAND: | <b>Husband's Name</b> | CASE NUMBER: |
| WIFE:    | <b>Wife's Name</b>    |              |

14. Upon entry of judgment of summary dissolution of marriage, we each give up our rights to appeal and to move for a new trial.

15. **Each of us forever gives up any right to spousal support from the other.**

16. We agree that this matter may be determined by a commissioner sitting as a temporary judge.

17. **Mailing address of husband**

Name: **Husband's Name**  
Address: **Husband's Address**

City: **Husband's City**  
State: **Husband's State**  
Zip Code: **Husband's Zip Code**

18. **Mailing address of wife**

Name: **Wife's Name**  
Address: **Wife's Address**

City: **Wife's City**  
State: **Wife's State**  
Zip Code: **Wife's Zip Code**

19. Number of pages attached: **2**

The FL-141 forms from each party  
get attached to this form

I declare under penalty of perjury under the laws of the State of California that the foregoing and all attached documents are true and correct.

Date Here

Date:

**Husband signs here**

(SIGNATURE OF HUSBAND)

I declare under penalty of perjury under the laws of the State of California that the foregoing and all attached documents are true and correct.

Date Here

Date:

**Wife signs here**

(SIGNATURE OF WIFE)

## NOTICES

Your divorce will not be final until husband or wife files a *Request for Judgment, Judgment of Dissolution of Marriage, and Notice of Entry of Judgment* (form FL-820) and receives a stamped copy back from the court. Either husband or wife can file form FL-820 with the court six months after you file this petition. Until husband or wife files form FL-820, either one of you can stop the divorce by filing a *Notice of Revocation of Petition for Summary Dissolution* (form FL-830).

Dissolution may automatically cancel the rights of a spouse under the other spouse's will, trust, retirement plan, power of attorney, pay-on-death bank account, transfer-on-death vehicle registration, survivorship rights to any property owned in joint tenancy, and any other similar thing. It does not automatically cancel the rights of a spouse as beneficiary of the other spouse's life insurance policy. You should review these matters, as well as any credit card accounts, other credit accounts, insurance policies, and credit reports to determine whether they should be changed or whether you should take any other actions. However, some changes may require the agreement of your spouse or a court order. (See Fam. Code, §§ 231–235.)

|   |  |                          |
|---|--|--------------------------|
| ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and address):<br><br>Your Name<br>Street Address<br>City, State, and Zip Code  |  | FOR COURT USE ONLY       |
| TELEPHONE NO.:<br><br>FAX NO. (Optional):<br>ATTORNEY FOR (Name):<br><br>IN PRO PER   |  | Monterey                 |
| <b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b><br><br>STREET ADDRESS: 1200 Aguajito Road<br>MAILING ADDRESS: 1200 Aguajito Road<br>CITY AND ZIP CODE: Monterey, CA 93940<br>BRANCH NAME: Monterey |  |                          |
| <b>MARRIAGE OF PETITIONERS</b>  |  |                          |
| HUSBAND:<br><br>Wife's Name   |  |                          |
| WIFE:<br><br>Husband's Name   |  |                          |
| <b>REQUEST FOR JUDGMENT, JUDGMENT OF DISSOLUTION OF MARRIAGE, AND NOTICE OF ENTRY OF JUDGMENT</b>   |  |                          |
|   |  | CASE NUMBER: Case number |

1. The *Joint Petition for Summary Dissolution of Marriage* (form FL-800) was filed on (date):
2. No notice of revocation has been filed and the parties have not become reconciled.
3. I request that judgment of dissolution of marriage be

- a.  entered to be effective now.
- b.  entered to be effective (nunc pro tunc) as of (date):

for the following reason:

Date Here

Check this box, but make sure you do not file this form earlier than 6 months and one day after filing the FL-800.

Enter the date the FL-800 was filed – the date is shown on the file stamp of your copy

I declare under penalty of perjury under the law

Date:

Print Your Name

(TYPE OR PRINT NAME)

Sign Your Name

(SIGNATURE OF HUSBAND OR WIFE)

4.  Husband,  Wife, who did **not** request his or her own former name be restored when he or she signed the joint petition, now requests that it be restored. The applicant's former name is:

Date:

(TYPE OR PRINT NAME)

(SIGNATURE OF PARTY WISHING TO HAVE HIS OR HER NAME RESTORED)

(For Court Use Only)

### JUDGMENT OF DISSOLUTION OF MARRIAGE

#### 5. THE COURT ORDERS

- a. A judgment of dissolution of marriage will be entered, and the parties are restored to the status of unmarried persons.
- b.  The judgment of dissolution of marriage will be entered nunc pro tunc as of (date):
- c.  Wife's former name is restored (specify):
- d.  Husband's former name is restored (specify):
- e. Husband and wife must comply with any agreement attached to the petition.

Date:

JUDGE OF THE SUPERIOR COURT

**NOTICE:** Dissolution may automatically cancel the rights of a spouse under the other spouse's will, trust, retirement benefit plan, power of attorney, pay on death bank account, transfer on death vehicle registration, survivorship rights to any property owned in joint tenancy, and any other similar thing. It does not automatically cancel the rights of a spouse as beneficiary of the other spouse's life insurance policy. You should review these matters, as well as any credit cards, other credit accounts, insurance policies, retirement benefit plans, and credit reports to determine whether they should be changed or whether you should take any other actions.

Page 1 of 2

|                       |   |  |
|-----------------------|---|--|
| HUSBAND:<br><br>WIFE: | <b>Husband's Name</b><br><br><b>Wife's Name</b> | CASE NUMBER:<br><br><b>Case number</b> |
|-----------------------|---|--|

### NOTICE OF ENTRY OF JUDGMENT

6. You are notified that a judgment of dissolution of marriage was entered on (*date*):

Date: Clerk, by \_\_\_\_\_, Deputy \_\_\_\_\_

### CLERK'S CERTIFICATE OF MAILING

I certify that I am not a party to this cause and that a true copy of the *Notice of Entry of Judgment* was mailed first class, postage fully prepaid, in a sealed envelope addressed as shown below, and that the notice was mailed

at (*place*): California,

on (*date*):

Date: Clerk, by \_\_\_\_\_, Deputy \_\_\_\_\_

HUSBAND'S ADDRESS




WIFE'S ADDRESS

## **Forms for the Petitioner**

- |        |  |
|--------|--|
| FL-810 | Summary Dissolution Information (Pages, 32, 14, and 16)    |
| FL-142 | Schedule of Assets and Debts                               |
| FL-150 | Income and Expense Declaration                             |
| FL-140 | Declaration Disclosure                                     |
| FL-141 | Declaration Regarding Service of Declaration of Disclosure |



|                       |              |
|-----------------------|--------------|
| HUSBAND:<br><br>WIFE: | CASE NUMBER: |
|-----------------------|--------------|

## VII. WORKSHEET FOR DETERMINING VALUE OF SEPARATE PROPERTY

This worksheet will help you determine whether you are eligible to use the summary dissolution procedure. The total fair market value of the **wife's separate property** cannot be more than \$38,000. The total fair market value of the **husband's separate property** cannot be more than \$38,000. Separate property is anything that either of you owned or earned before you got married, anything you earned or bought after your separation, and anything that was given to just one of you as a gift during your marriage. Do not include cars.

A. Bank accounts, credit union accounts, retirement funds, cash value of insurance policies, etc.

| Item | Wife's Property—<br>Fair Market Value | Husband's Property—<br>Fair Market Value |
|------|---------------------------------------|--|
|      |                                       |  |
|      |                                       |  |
|      |                                       |  |
|      |                                       |  |
|      |                                       |  |
|      |                                       |  |
|      |                                       |  |
|      |                                       |  |
|      |                                       |  |
|      |                                       |  |

B. Items owned outright

| Item |
|------|
|      |
|      |
|      |
|      |
|      |
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|      |
|      |
|      |
|      |
|      |
|      |
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|      |
|      |
|      |
|      |

C. Items being bought on credit

| Item  | Fair Market<br>Value | Minus<br>What's Owed |  |
|---|----------------------|----------------------|--|
|   |                      | =                    |  |
|   |                      | =                    |  |
|   |                      | =                    |  |
|   |                      | =                    |  |
|   |                      | =                    |  |
|   |                      | =                    |  |
|   |                      | =                    |  |
|   |                      | =                    |  |
|   |                      | =                    |  |
|   |                      | =                    |  |
| <b>GRAND TOTALS:<br/>WIFE'S AND HUSBAND'S<br/>SEPARATE PROPERTY</b> |                      |                      |  |



|                       |              |
|-----------------------|--------------|
| HUSBAND:<br><br>WIFE: | CASE NUMBER: |
|-----------------------|--------------|

## VII. WORKSHEET FOR DETERMINING VALUE AND DIVISION OF COMMUNITY PROPERTY

This side of the sheet will help you determine whether you are **eligible** to use the summary dissolution procedure. The grand total value of your community property cannot be more than \$38,000.

This side of the sheet will help you decide on a fair division of your property. It will help you prepare your property settlement agreement.

A. Bank accounts, credit union accounts, retirement funds, cash value of insurance policies, etc.

| Item              | Amount | Wife Receives | Husband Receives |
|-------------------|--------|---------------|------------------|
|                   |        |               |                  |
|                   |        |               |                  |
|                   |        |               |                  |
|                   |        |               |                  |
|                   |        |               |                  |
|                   |        |               |                  |
|                   |        |               |                  |
| <b>Subtotal A</b> |        |               |                  |

B. Items you own outright (for example, stocks and bonds, sports gear, furniture, household items, tools, interests in businesses, jewelry; do not include cars)

| Item              | Fair Market Value | Wife Receives | Husband Receives |
|-------------------|-------------------|---------------|------------------|
|                   |                   |               |                  |
|                   |                   |               |                  |
|                   |                   |               |                  |
|                   |                   |               |                  |
|                   |                   |               |                  |
|                   |                   |               |                  |
|                   |                   |               |                  |
|                   |                   |               |                  |
|                   |                   |               |                  |
| <b>Subtotal B</b> |                   |               |                  |

C. Items you are buying on credit (for example, stereo equipment, appliances, furniture, tools; do not include cars)

| Item              | Fair Market Value | Minus<br>Amount<br>Owed | = | Net Fair Market<br>Value | Wife<br>Receives | Husband<br>Receives |
|-------------------|-------------------|-------------------------|---|--------------------------|------------------|---------------------|
|                   |                   |                         | = |                          |                  |                     |
|                   |                   |                         | = |                          |                  |                     |
|                   |                   |                         | = |                          |                  |                     |
|                   |                   |                         | = |                          |                  |                     |
|                   |                   |                         | = |                          |                  |                     |
|                   |                   |                         | = |                          |                  |                     |
|                   |                   |                         | = |                          |                  |                     |
| <b>Subtotal C</b> |                   |                         |   |                          |                  |                     |

**Grand total value of community property = A + B + C**



|                       |              |
|-----------------------|--------------|
| HUSBAND:<br><br>WIFE: | CASE NUMBER: |
|-----------------------|--------------|

## VII. WORKSHEET FOR DETERMINING COMMUNITY OBLIGATIONS AND THEIR DIVISION

This side of the worksheet will help you determine whether you are **eligible** to use the summary dissolution procedure. The total amount of your community obligations (debts) cannot be more than \$6,000. Do not include car loans. Be sure you include any other debts you took on while you were living together as husband and wife. List the amount you owe on the items from your **Worksheet for Determining Value and Division of Community Property**. Then add all other debts and bills including loans, charge accounts, medical bills, and taxes you owe.

This side of the worksheet will help you decide on a fair way to divide up your community obligations. You will use this information in preparing a **property settlement agreement**.

| Item  | Amount Owed | Wife Will Pay | Husband Will Pay |
|-------|-------------|---------------|------------------|
|       |             |               |                  |
|       |             |               |                  |
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|       |             |               |                  |
|       |             |               |                  |
|       |             |               |                  |
|       |             |               |                  |
| TOTAL |             |               |                  |

Wife's Share  
of Community  
Obligations

Husband's Share  
of Community  
Obligations



**THIS FORM SHOULD NOT BE FILED WITH THE COURT**

FL-142

ATTORNEY OR PARTY WITHOUT ATTORNEY (*Name and Address*):

TELEPHONE NO.:

ATTORNEY FOR (*Name*):**SUPERIOR COURT OF CALIFORNIA, COUNTY OF**

PETITIONER:

RESPONDENT:

**SCHEDULE OF ASSETS AND DEBTS**  
 Petitioner's     Respondent's

CASE NUMBER:

**— INSTRUCTIONS —**

List all your known community and separate assets or debts. Include assets even if they are in the possession of another person, including your spouse. If you contend an asset or debt is separate, put P (for Petitioner) or R (for Respondent) in the first column (separate property) to indicate to whom you contend it belongs.

All values should be as of the date of signing the declaration unless you specify a different valuation date with the description. For additional space, use a continuation sheet numbered to show which item is being continued.

| ITEM<br>NO. | ASSETS DESCRIPTION   | SEP.<br>PROP. | DATE<br>ACQUIRED | CURRENT GROSS<br>FAIR MARKET<br>VALUE | AMOUNT OF MONEY<br>OWED OR<br>ENCUMBRANCE |
|-------------|--|---------------|------------------|---------------------------------------|---|
| 1.          | REAL ESTATE ( <i>Give street addresses and attach copies of deeds with legal descriptions and latest lender's statement.</i> ) |               |                  | \$                                    | \$  |
| 2.          | HOUSEHOLD FURNITURE, FURNISHINGS, APPLIANCES<br>( <i>Identify.</i> )   |               |                  |                                       |   |
| 3.          | JEWELRY, ANTIQUES, ART, COIN COLLECTIONS, etc.<br>( <i>Identify.</i> )   |               |                  |                                       |   |

| ITEM NO. | ASSETS DESCRIPTION  | SEP. PROP | DATE ACQUIRED | CURRENT GROSS FAIR MARKET VALUE | AMOUNT OF MONEY OWED OR ENCUMBRANCE |
|----------|---|-----------|---------------|---------------------------------|-------------------------------------|
| 4.       | VEHICLES, BOATS, TRAILERS ( <i>Describe and attach copy of title document.</i> )  |           |               | \$                              | \$                                  |
| 5.       | SAVINGS ACCOUNTS ( <i>Account name, account number, bank, and branch. Attach copy of latest statement.</i> )                |           |               |                                 |                                     |
| 6.       | CHECKING ACCOUNTS ( <i>Account name and number, bank, and branch. Attach copy of latest statement.</i> )                    |           |               |                                 |                                     |
| 7.       | CREDIT UNION, OTHER DEPOSIT ACCOUNTS ( <i>Account name and number, bank, and branch. Attach copy of latest statement.</i> ) |           |               |                                 |                                     |
| 8.       | CASH ( <i>Give location.</i> )  |           |               |                                 |                                     |
| 9.       | TAX REFUND  |           |               |                                 |                                     |
| 10.      | LIFE INSURANCE WITH CASH SURRENDER OR LOAN VALUE ( <i>Attach copy of declaration page for each policy.</i> )                |           |               |                                 |                                     |

| ITEM NO. | ASSETS DESCRIPTION   | SEP. PROP | DATE ACQUIRED | CURRENT GROSS FAIR MARKET VALUE | AMOUNT OF MONEY OWED OR ENCUMBRANCE |
|----------|--|-----------|---------------|---------------------------------|-------------------------------------|
| 11.      | STOCKS, BONDS, SECURED NOTES, MUTUAL FUNDS<br><i>(Give certificate number and attach copy of the certificate or copy of latest statement.)</i> |           |               | \$                              | \$                                  |
| 12.      | RETIREMENT AND PENSIONS <i>(Attach copy of latest summary plan documents and latest benefit statement.)</i>                                    |           |               |                                 |                                     |
| 13.      | PROFIT - SHARING, ANNUITIES, IRAS, DEFERRED COMPENSATION <i>(Attach copy of latest statement.)</i>   |           |               |                                 |                                     |
| 14.      | ACCOUNTS RECEIVABLE AND UNSECURED NOTES <i>(Attach copy of each.)</i>  |           |               |                                 |                                     |
| 15.      | PARTNERSHIPS AND OTHER BUSINESS INTERESTS<br><i>(Attach copy of most current K-1 form and Schedule C.)</i>                                     |           |               |                                 |                                     |
| 16.      | OTHER ASSETS   |           |               |                                 |                                     |
| 17.      | TOTAL ASSETS FROM CONTINUATION SHEET   |           |               |                                 |                                     |
| 18.      | TOTAL ASSETS   |           |               | \$                              | \$                                  |

| ITEM NO. | DEBTS—SHOW TO WHOM OWED   | SEP. PROP. | TOTAL OWING | DATE INCURRED |
|----------|---|------------|-------------|---------------|
| 19.      | STUDENT LOANS ( <i>Give details.</i> )  |            | \$          |               |
| 20.      | TAXES ( <i>Give details.</i> )  |            |             |               |
| 21.      | SUPPORT ARREARAGES ( <i>Attach copies of orders and statements.</i> )   |            |             |               |
| 22.      | LOANS—UNSECURED ( <i>Give bank name and loan number and attach copy of latest statement.</i> )                    |            |             |               |
| 23.      | CREDIT CARDS ( <i>Give creditor's name and address and the account number. Attach copy of latest statement.</i> ) |            |             |               |
| 24.      | OTHER DEBTS ( <i>Specify.:</i> )  |            |             |               |
| 25.      | TOTAL DEBTS FROM CONTINUATION SHEET   |            |             |               |
| 26.      | TOTAL DEBTS   |            | \$          |               |

27.  (*Specify number*): \_\_\_\_\_ pages are attached as continuation sheets.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

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

(TYPE OR PRINT NAME) (SIGNATURE OF DECLARANT)

|   |  |                    |
|---|--|--------------------|
| ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):<br><br><br><br><br><br> |  | FOR COURT USE ONLY |
| TELEPHONE NO.:<br>E-MAIL ADDRESS (Optional):<br>ATTORNEY FOR (Name):                              |  |                    |
| <b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b>  |  |                    |
| STREET ADDRESS:<br>MAILING ADDRESS:<br>CITY AND ZIP CODE:<br>BRANCH NAME:                         |  |                    |
| PETITIONER/PLAINTIFF:<br>RESPONDENT/DEFENDANT:<br>OTHER 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)     per month     per week     per hour.

(If you have more than one job, attach an 8½-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 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)

Page 1 of 4

|  |              |
|--|--------------|
| PETITIONER/PLAINTIFF:<br>RESPONDENT/DEFENDANT:<br>OTHER PARENT/CLAIMANT: | CASE NUMBER: |
|--|--------------|

**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 . . . . .  | \$ _____   | _____           |
| 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 BAQ, royalty payments, etc.) (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. . . . .                                       | \$ _____ | _____ |
| 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) . . . . . | \$ _____ | _____ |

|                        |              |
|------------------------|--------------|
| PETITIONER/PLAINTIFF:  | CASE NUMBER: |
| RESPONDENT/DEFENDANT:  |              |
| OTHER PARENT/CLAIMANT: |              |

## 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:  | h. Laundry and cleaning . . . . .   | \$ _____ |
| (1) <input type="checkbox"/> Rent or <input type="checkbox"/> mortgage... \$ _____  | i. Clothes . . . . .  | \$ _____ |
| If mortgage:  | j. Education . . . . .  | \$ _____ |
| (a) average principal: \$ _____   | k. Entertainment, gifts, and vacation. . . . .  | \$ _____ |
| (b) average interest: \$ _____  | l. Auto expenses and transportation<br>(insurance, gas, repairs, bus, etc.) . . . . .         | \$ _____ |
| (2) Real property taxes . . . . . \$ _____  | m. Insurance (life, accident, etc.; do not include auto, home, or health insurance). . . . .  | \$ _____ |
| (3) Homeowner's or renter's insurance<br>(if not included above) . . . . . \$ _____ | n. Savings and investments. . . . .   | \$ _____ |
| (4) Maintenance and repair . . . . . \$ _____                                       | o. Charitable contributions. . . . .  | \$ _____ |
| b. Health-care costs not paid by insurance. . . . . \$ _____                        | p. Monthly payments listed in item 14<br>(itemize below in 14 and insert total here). . . . . | \$ _____ |
| c. Child care . . . . . \$ _____  | q. Other (specify): . . . . .   | \$ _____ |
| d. Groceries and household supplies. . . . . \$ _____                               | r. <b>TOTAL EXPENSES</b> (a-q) (do not add in<br>the amounts in a(1)(a) and (b))              | \$ _____ |
| e. Eating out. . . . . \$ _____   | s. <b>Amount of expenses paid by others</b>   | \$ _____ |
| f. Utilities (gas, electric, water, trash) . . . . . \$ _____                       |   |          |
| g. Telephone, cell phone, and e-mail . . . . . \$ _____                             |   |          |

## 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 OF ATTORNEY)

(SIGNATURE OF ATTORNEY)

|                        |              |
|------------------------|--------------|
| PETITIONER/PLAINTIFF:  | CASE NUMBER: |
| RESPONDENT/DEFENDANT:  |              |
| OTHER PARENT/CLAIMANT: |              |

**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*):**

|  |  |
|--|--|
| ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address):<br><br>_____<br><br>ATTORNEY FOR (Name):<br><br>SUPERIOR COURT OF CALIFORNIA, COUNTY OF   | TELEPHONE NO.:<br><br>_____<br><br>STREET ADDRESS:<br>MAILING ADDRESS:<br>CITY AND ZIP CODE:<br>BRANCH NAME:<br><br>PETITIONER:<br><br>RESPONDENT: |
| <b>DECLARATION OF DISCLOSURE</b><br><input type="checkbox"/> Petitioner's <input type="checkbox"/> Preliminary<br><input type="checkbox"/> Respondent's <input type="checkbox"/> Final |  |
| CASE NUMBER:<br>_____  |  |

**DO NOT FILE WITH THE COURT**

Both the preliminary and the final declaration of disclosure must be served on the other party with certain exceptions. Neither disclosure is filed with the court. A declaration stating service was made of the final declaration of disclosure must be filed with the court (see form FL-141).

A preliminary declaration of disclosure but not a final declaration of disclosure is required in the case of a summary dissolution (see Family Code section 2109) or in a default judgment (see Family Code section 2110) provided the default is not a stipulated judgment or a judgment based upon a marriage settlement agreement.

A declaration of disclosure is required in a nullity or legal separation action as well as in a dissolution action.

**Attached are the following:**

1.  A completed *Schedule of Assets and Debts* (form FL-142).
2.  A completed *Income and Expense Declaration* (form FL-150 (as applicable)).
3.  A statement of all material facts and information regarding valuation of all assets that are community property or in which the community has an interest (*not a form*).
4.  A statement of all material facts and information regarding obligations for which the community is liable (*not a form*).
5.  An accurate and complete written disclosure of any investment opportunity, business opportunity, or other income-producing opportunity presented since the date of separation that results from any investment, significant business, or other income-producing opportunity from the date of marriage to the date of separation (*not a form*).

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:



(TYPE OR PRINT NAME)

(SIGNATURE)



|  |  |                     |
|--|--|---------------------|
| ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):  |  | FOR COURT USE ONLY  |
|  |  |                     |
| TELEPHONE NO.:<br>E-MAIL ADDRESS (Optional):<br>ATTORNEY FOR (Name):   |  | FAX NO. (Optional): |
| <b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b>   |  |                     |
| STREET ADDRESS:  |  |                     |
| MAILING ADDRESS:   |  |                     |
| CITY AND ZIP CODE:   |  |                     |
| BRANCH NAME:   |  |                     |
| PETITIONER:  |  |                     |
| RESPONDENT:  |  |                     |
| <b>DECLARATION REGARDING SERVICE OF DECLARATION<br/>OF DISCLOSURE AND INCOME AND EXPENSE DECLARATION</b><br><input type="checkbox"/> Petitioner's <input type="checkbox"/> Preliminary<br><input type="checkbox"/> Respondent's <input type="checkbox"/> Final |  | CASE NUMBER:        |

1. I am the  attorney for  petitioner  respondent in this matter.
2.  Petitioner's  respondent's *Preliminary Declaration of Disclosure* (form FL-140) and current\* *Income and Expense Declaration* (form FL-150) were served on  attorney for  the other party by:  personal service  mail  other (specify): on (date):
3.  Petitioner's  respondent's *Final Declaration of Disclosure* (form FL-140) and current *Income and Expense Declaration* (form FL-150) were served on  attorney for  the other party by:  personal service  mail  other (specify): on (date):
4.  Service of  petitioner's  respondent's  preliminary  final declaration of disclosure  current income and expense declaration has been waived as follows:
  - a.  The parties agreed to waive final declaration of disclosure requirements under Family Code section 2105(d). The waiver was filed on (date):
  - b.  The party has failed to comply with disclosure requirements and the court granted the request for voluntary waiver of receipt under Family Code section 2107 on (date):
  - c.  This is a default proceeding. Petitioner waives the final declaration disclosure requirements under Family Code section 2110.

\* "Current" is defined as completed within the past three months providing no facts have changed. (Cal. Rules of Court, rule 5.128.)

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

(TYPE OR PRINT NAME)

(SIGNATURE)

**NOTE: File this document with the court.**

**Do not file a copy of the *Preliminary* or *Final Declaration of Disclosure* or any attachments to either declaration of disclosure with this document.**



## **Forms for the Respondent**

- |        |  |
|--------|--|
| FL-810 | Summary Dissolution Information (Pages, 32, 14, and 16)    |
| FL-142 | Schedule of Assets and Debts                               |
| FL-150 | Income and Expense Declaration                             |
| FL-140 | Declaration Disclosure                                     |
| FL-141 | Declaration Regarding Service of Declaration of Disclosure |



|                       |              |
|-----------------------|--------------|
| HUSBAND:<br><br>WIFE: | CASE NUMBER: |
|-----------------------|--------------|

## VII. WORKSHEET FOR DETERMINING VALUE OF SEPARATE PROPERTY

This worksheet will help you determine whether you are eligible to use the summary dissolution procedure. The total fair market value of the **wife's separate property** cannot be more than \$38,000. The total fair market value of the **husband's separate property** cannot be more than \$38,000. Separate property is anything that either of you owned or earned before you got married, anything you earned or bought after your separation, and anything that was given to just one of you as a gift during your marriage. Do not include cars.

A. Bank accounts, credit union accounts, retirement funds, cash value of insurance policies, etc.

| Item | Wife's Property—Fair Market Value | Husband's Property—Fair Market Value |
|------|-----------------------------------|--------------------------------------|
|      |                                   |                                      |
|      |                                   |                                      |
|      |                                   |                                      |
|      |                                   |                                      |
|      |                                   |                                      |
|      |                                   |                                      |
|      |                                   |                                      |
|      |                                   |                                      |

B. Items owned outright

| Item |  |  |
|------|--|--|
|      |  |  |
|      |  |  |
|      |  |  |
|      |  |  |
|      |  |  |
|      |  |  |
|      |  |  |
|      |  |  |
|      |  |  |
|      |  |  |
|      |  |  |
|      |  |  |
|      |  |  |

C. Items being bought on credit

| Item  | Fair Market Value | Minus What's Owed |   |
|---|-------------------|-------------------|---|
|   |                   |                   | = |
|   |                   |                   | = |
|   |                   |                   | = |
|   |                   |                   | = |
|   |                   |                   | = |
|   |                   |                   | = |
|   |                   |                   | = |
|   |                   |                   | = |
|   |                   |                   | = |
|   |                   |                   | = |
|   |                   |                   | = |
| <b>GRAND TOTALS:<br/>WIFE'S AND HUSBAND'S<br/>SEPARATE PROPERTY</b> |                   |                   |   |



|                       |              |
|-----------------------|--------------|
| HUSBAND:<br><br>WIFE: | CASE NUMBER: |
|-----------------------|--------------|

## VII. WORKSHEET FOR DETERMINING VALUE AND DIVISION OF COMMUNITY PROPERTY

This side of the sheet will help you determine whether you are **eligible** to use the summary dissolution procedure. The grand total value of your community property cannot be more than \$38,000.

This side of the sheet will help you decide on a fair division of your property. It will help you prepare your property settlement agreement.

A. Bank accounts, credit union accounts, retirement funds, cash value of insurance policies, etc.

| Item              | Amount | Wife Receives | Husband Receives |
|-------------------|--------|---------------|------------------|
|                   |        |               |                  |
|                   |        |               |                  |
|                   |        |               |                  |
|                   |        |               |                  |
|                   |        |               |                  |
|                   |        |               |                  |
|                   |        |               |                  |
| <b>Subtotal A</b> |        |               |                  |

B. Items you own outright (for example, stocks and bonds, sports gear, furniture, household items, tools, interests in businesses, jewelry; do not include cars)

| Item              | Fair Market Value | Wife Receives | Husband Receives |
|-------------------|-------------------|---------------|------------------|
|                   |                   |               |                  |
|                   |                   |               |                  |
|                   |                   |               |                  |
|                   |                   |               |                  |
|                   |                   |               |                  |
|                   |                   |               |                  |
|                   |                   |               |                  |
|                   |                   |               |                  |
|                   |                   |               |                  |
| <b>Subtotal B</b> |                   |               |                  |

C. Items you are buying on credit (for example, stereo equipment, appliances, furniture, tools; do not include cars)

| Item              | Fair Market Value | Minus<br>Amount<br>Owed | = | Net Fair Market<br>Value | Wife<br>Receives | Husband<br>Receives |
|-------------------|-------------------|-------------------------|---|--------------------------|------------------|---------------------|
|                   |                   |                         | = |                          |                  |                     |
|                   |                   |                         | = |                          |                  |                     |
|                   |                   |                         | = |                          |                  |                     |
|                   |                   |                         | = |                          |                  |                     |
|                   |                   |                         | = |                          |                  |                     |
|                   |                   |                         | = |                          |                  |                     |
|                   |                   |                         | = |                          |                  |                     |
| <b>Subtotal C</b> |                   |                         |   |                          |                  |                     |

**Grand total value of community property = A + B + C**



|                       |              |
|-----------------------|--------------|
| HUSBAND:<br><br>WIFE: | CASE NUMBER: |
|-----------------------|--------------|

## VII. WORKSHEET FOR DETERMINING COMMUNITY OBLIGATIONS AND THEIR DIVISION

This side of the worksheet will help you determine whether you are **eligible** to use the summary dissolution procedure. The total amount of your community obligations (debts) cannot be more than \$6,000. Do not include car loans. Be sure you include any other debts you took on while you were living together as husband and wife. List the amount you owe on the items from your **Worksheet for Determining Value and Division of Community Property**. Then add all other debts and bills including loans, charge accounts, medical bills, and taxes you owe.

This side of the worksheet will help you decide on a fair way to divide up your community obligations. You will use this information in preparing a **property settlement agreement**.

| Item  | Amount Owed | Wife Will Pay | Husband Will Pay |
|-------|-------------|---------------|------------------|
|       |             |               |                  |
|       |             |               |                  |
|       |             |               |                  |
|       |             |               |                  |
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|       |             |               |                  |
|       |             |               |                  |
|       |             |               |                  |
|       |             |               |                  |
| TOTAL |             |               |                  |

Wife's Share  
of Community  
Obligations

Husband's Share  
of Community  
Obligations



**THIS FORM SHOULD NOT BE FILED WITH THE COURT**

FL-142

ATTORNEY OR PARTY WITHOUT ATTORNEY (*Name and Address*):

TELEPHONE NO.:

ATTORNEY FOR (*Name*):**SUPERIOR COURT OF CALIFORNIA, COUNTY OF**

PETITIONER:

RESPONDENT:

**SCHEDULE OF ASSETS AND DEBTS**  
 Petitioner's     Respondent's

CASE NUMBER:

**— INSTRUCTIONS —**

List all your known community and separate assets or debts. Include assets even if they are in the possession of another person, including your spouse. If you contend an asset or debt is separate, put P (for Petitioner) or R (for Respondent) in the first column (separate property) to indicate to whom you contend it belongs.

All values should be as of the date of signing the declaration unless you specify a different valuation date with the description. For additional space, use a continuation sheet numbered to show which item is being continued.

| ITEM<br>NO. | ASSETS DESCRIPTION   | SEP.<br>PROP. | DATE<br>ACQUIRED | CURRENT GROSS<br>FAIR MARKET<br>VALUE | AMOUNT OF MONEY<br>OWED OR<br>ENCUMBRANCE |
|-------------|--|---------------|------------------|---------------------------------------|---|
| 1.          | REAL ESTATE ( <i>Give street addresses and attach copies of deeds with legal descriptions and latest lender's statement.</i> ) |               |                  | \$                                    | \$  |
| 2.          | HOUSEHOLD FURNITURE, FURNISHINGS, APPLIANCES<br>( <i>Identify.</i> )   |               |                  |                                       |   |
| 3.          | JEWELRY, ANTIQUES, ART, COIN COLLECTIONS, etc.<br>( <i>Identify.</i> )   |               |                  |                                       |   |

| ITEM NO. | ASSETS DESCRIPTION  | SEP. PROP | DATE ACQUIRED | CURRENT GROSS FAIR MARKET VALUE | AMOUNT OF MONEY OWED OR ENCUMBRANCE |
|----------|---|-----------|---------------|---------------------------------|-------------------------------------|
| 4.       | VEHICLES, BOATS, TRAILERS ( <i>Describe and attach copy of title document.</i> )  |           |               | \$                              | \$                                  |
| 5.       | SAVINGS ACCOUNTS ( <i>Account name, account number, bank, and branch. Attach copy of latest statement.</i> )                |           |               |                                 |                                     |
| 6.       | CHECKING ACCOUNTS ( <i>Account name and number, bank, and branch. Attach copy of latest statement.</i> )                    |           |               |                                 |                                     |
| 7.       | CREDIT UNION, OTHER DEPOSIT ACCOUNTS ( <i>Account name and number, bank, and branch. Attach copy of latest statement.</i> ) |           |               |                                 |                                     |
| 8.       | CASH ( <i>Give location.</i> )  |           |               |                                 |                                     |
| 9.       | TAX REFUND  |           |               |                                 |                                     |
| 10.      | LIFE INSURANCE WITH CASH SURRENDER OR LOAN VALUE ( <i>Attach copy of declaration page for each policy.</i> )                |           |               |                                 |                                     |

| ITEM NO. | ASSETS DESCRIPTION   | SEP. PROP | DATE ACQUIRED | CURRENT GROSS FAIR MARKET VALUE | AMOUNT OF MONEY OWED OR ENCUMBRANCE |
|----------|--|-----------|---------------|---------------------------------|-------------------------------------|
| 11.      | STOCKS, BONDS, SECURED NOTES, MUTUAL FUNDS<br><i>(Give certificate number and attach copy of the certificate or copy of latest statement.)</i> |           |               | \$                              | \$                                  |
| 12.      | RETIREMENT AND PENSIONS <i>(Attach copy of latest summary plan documents and latest benefit statement.)</i>                                    |           |               |                                 |                                     |
| 13.      | PROFIT - SHARING, ANNUITIES, IRAS, DEFERRED COMPENSATION <i>(Attach copy of latest statement.)</i>   |           |               |                                 |                                     |
| 14.      | ACCOUNTS RECEIVABLE AND UNSECURED NOTES <i>(Attach copy of each.)</i>  |           |               |                                 |                                     |
| 15.      | PARTNERSHIPS AND OTHER BUSINESS INTERESTS<br><i>(Attach copy of most current K-1 form and Schedule C.)</i>                                     |           |               |                                 |                                     |
| 16.      | OTHER ASSETS   |           |               |                                 |                                     |
| 17.      | TOTAL ASSETS FROM CONTINUATION SHEET   |           |               |                                 |                                     |
| 18.      | TOTAL ASSETS   |           |               | \$                              | \$                                  |

| ITEM NO. | DEBTS—SHOW TO WHOM OWED   | SEP. PROP. | TOTAL OWING | DATE INCURRED |
|----------|---|------------|-------------|---------------|
| 19.      | STUDENT LOANS ( <i>Give details.</i> )  |            | \$          |               |
| 20.      | TAXES ( <i>Give details.</i> )  |            |             |               |
| 21.      | SUPPORT ARREARAGES ( <i>Attach copies of orders and statements.</i> )   |            |             |               |
| 22.      | LOANS—UNSECURED ( <i>Give bank name and loan number and attach copy of latest statement.</i> )                    |            |             |               |
| 23.      | CREDIT CARDS ( <i>Give creditor's name and address and the account number. Attach copy of latest statement.</i> ) |            |             |               |
| 24.      | OTHER DEBTS ( <i>Specify.:</i> )  |            |             |               |
| 25.      | TOTAL DEBTS FROM CONTINUATION SHEET   |            |             |               |
| 26.      | TOTAL DEBTS   |            | \$          |               |

27.  (*Specify number*): \_\_\_\_\_ pages are attached as continuation sheets.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

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

(TYPE OR PRINT NAME) (SIGNATURE OF DECLARANT)

|   |  |                    |
|---|--|--------------------|
| ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):<br><br><br><br><br><br> |  | FOR COURT USE ONLY |
| TELEPHONE NO.:<br>E-MAIL ADDRESS (Optional):<br>ATTORNEY FOR (Name):                              |  |                    |
| <b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b>  |  |                    |
| STREET ADDRESS:<br>MAILING ADDRESS:<br>CITY AND ZIP CODE:<br>BRANCH NAME:                         |  |                    |
| PETITIONER/PLAINTIFF:<br>RESPONDENT/DEFENDANT:<br>OTHER 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)     per month     per week     per hour.

(If you have more than one job, attach an 8½-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 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)

Page 1 of 4

|  |              |
|--|--------------|
| PETITIONER/PLAINTIFF:<br>RESPONDENT/DEFENDANT:<br>OTHER PARENT/CLAIMANT: | CASE NUMBER: |
|--|--------------|

**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 . . . . .  | \$ _____   | _____           |
| 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 BAQ, royalty payments, etc.) (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. . . . .                                       | \$ _____ | _____ |
| 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) . . . . . | \$ _____ | _____ |

|                        |              |
|------------------------|--------------|
| PETITIONER/PLAINTIFF:  | CASE NUMBER: |
| RESPONDENT/DEFENDANT:  |              |
| OTHER PARENT/CLAIMANT: |              |

## 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:  |  | h. Laundry and cleaning . . . . . \$ _____   |
| (1) <input type="checkbox"/> Rent or <input type="checkbox"/> mortgage... \$ _____  |  | i. Clothes . . . . . \$ _____  |
| If mortgage:  |  | j. Education . . . . . \$ _____  |
| (a) average principal: \$ _____   |  | k. Entertainment, gifts, and vacation. . . . . \$ _____  |
| (b) average interest: \$ _____  |  | l. Auto expenses and transportation<br>(insurance, gas, repairs, bus, etc.) . . . . . \$ _____         |
| (2) Real property taxes . . . . . \$ _____  |  | m. Insurance (life, accident, etc.; do not include auto, home, or health insurance). . . . . \$ _____  |
| (3) Homeowner's or renter's insurance<br>(if not included above) . . . . . \$ _____ |  | n. Savings and investments. . . . . \$ _____   |
| (4) Maintenance and repair . . . . . \$ _____                                       |  | o. Charitable contributions. . . . . \$ _____  |
| b. Health-care costs not paid by insurance. . . . . \$ _____                        |  | p. Monthly payments listed in item 14<br>(itemize below in 14 and insert total here). . . . . \$ _____ |
| c. Child care . . . . . \$ _____  |  | q. Other (specify): . . . . . \$ _____   |
| d. Groceries and household supplies. . . . . \$ _____                               |  |  |
| e. Eating out. . . . . \$ _____   |  | r. <b>TOTAL EXPENSES</b> (a-q) (do not add in the amounts in a(1)(a) and (b)) \$ _____                 |
| f. Utilities (gas, electric, water, trash) . . . . . \$ _____                       |  |  |
| g. Telephone, cell phone, and e-mail . . . . . \$ _____                             |  | s. <b>Amount of expenses paid by others</b> \$ _____   |

## 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 OF ATTORNEY)

(SIGNATURE OF ATTORNEY)

|                        |              |
|------------------------|--------------|
| PETITIONER/PLAINTIFF:  | CASE NUMBER: |
| RESPONDENT/DEFENDANT:  |              |
| OTHER PARENT/CLAIMANT: |              |

**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*):**

|   |  |                           |
|---|--|---------------------------|
| ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address):<br><br>_____<br><br>ATTORNEY FOR (Name):<br><br><b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> | TELEPHONE NO.:<br><br>_____<br><br>STREET ADDRESS:<br>MAILING ADDRESS:<br>CITY AND ZIP CODE:<br>BRANCH NAME:<br><br>PETITIONER:<br><br>RESPONDENT: |                           |
| <b>DECLARATION OF DISCLOSURE</b>  |  |                           |
| <input type="checkbox"/> Petitioner's<br><input type="checkbox"/> Respondent's  | <input type="checkbox"/> Preliminary<br><input type="checkbox"/> Final   | CASE NUMBER:<br><br>_____ |

**DO NOT FILE WITH THE COURT**

*Both the preliminary and the final declaration of disclosure must be served on the other party with certain exceptions. Neither disclosure is filed with the court. A declaration stating service was made of the final declaration of disclosure must be filed with the court (see form FL-141).*

*A preliminary declaration of disclosure but not a final declaration of disclosure is required in the case of a summary dissolution (see Family Code section 2109) or in a default judgment (see Family Code section 2110) provided the default is not a stipulated judgment or a judgment based upon a marriage settlement agreement.*

*A declaration of disclosure is required in a nullity or legal separation action as well as in a dissolution action.*

**Attached are the following:**

1.  A completed *Schedule of Assets and Debts* (form FL-142).
2.  A completed *Income and Expense Declaration* (form FL-150 (as applicable)).
3.  A statement of all material facts and information regarding valuation of all assets that are community property or in which the community has an interest (*not a form*).
4.  A statement of all material facts and information regarding obligations for which the community is liable (*not a form*).
5.  An accurate and complete written disclosure of any investment opportunity, business opportunity, or other income-producing opportunity presented since the date of separation that results from any investment, significant business, or other income-producing opportunity from the date of marriage to the date of separation (*not a form*).

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:



(TYPE OR PRINT NAME)

(SIGNATURE)



|  |  |  |
|--|--|--|
| ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):                                |  | FOR COURT USE ONLY   |
|  |  |  |
| TELEPHONE NO.:<br>E-MAIL ADDRESS (Optional):<br>ATTORNEY FOR (Name):                                     |  | FAX NO. (Optional):  |
| <b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b>   |  |  |
| STREET ADDRESS:  |  |  |
| MAILING ADDRESS:   |  |  |
| CITY AND ZIP CODE:   |  |  |
| BRANCH NAME:   |  |  |
| PETITIONER:  |  |  |
| RESPONDENT:  |  |  |
| <b>DECLARATION REGARDING SERVICE OF DECLARATION<br/>OF DISCLOSURE AND INCOME AND EXPENSE DECLARATION</b> |  |  |
| <input type="checkbox"/> Petitioner's<br><input type="checkbox"/> Respondent's                           |  | <input type="checkbox"/> Preliminary<br><input type="checkbox"/> Final |
| CASE NUMBER:   |  |  |

1. I am the  attorney for  petitioner  respondent in this matter.
2.  Petitioner's  respondent's *Preliminary Declaration of Disclosure* (form FL-140) and current\* *Income and Expense Declaration* (form FL-150) were served on  attorney for  the other party by:  personal service  mail  other (specify): on (date):
3.  Petitioner's  respondent's *Final Declaration of Disclosure* (form FL-140) and current *Income and Expense Declaration* (form FL-150) were served on  attorney for  the other party by:  personal service  mail  other (specify): on (date):
4.  Service of  petitioner's  respondent's  preliminary  final declaration of disclosure  current income and expense declaration has been waived as follows:
  - a.  The parties agreed to waive final declaration of disclosure requirements under Family Code section 2105(d). The waiver was filed on (date):
  - b.  The party has failed to comply with disclosure requirements and the court granted the request for voluntary waiver of receipt under Family Code section 2107 on (date):
  - c.  This is a default proceeding. Petitioner waives the final declaration disclosure requirements under Family Code section 2110.

\* "Current" is defined as completed within the past three months providing no facts have changed. (Cal. Rules of Court, rule 5.128.)

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

(TYPE OR PRINT NAME)

(SIGNATURE)

**NOTE: File this document with the court.**

**Do not file a copy of the *Preliminary* or *Final Declaration of Disclosure* or any attachments to either declaration of disclosure with this document.**



|   |  |                    |
|---|--|--------------------|
| ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number and address):<br><br>_____<br><br>TELEPHONE NO.: _____ FAX NO. (Optional): _____<br>E-MAIL ADDRESS (Optional): _____<br>ATTORNEY FOR (Name): _____ |  | FOR COURT USE ONLY |
| <b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b><br><br>STREET ADDRESS: _____<br>MAILING ADDRESS: _____<br>CITY AND ZIP CODE: _____<br>BRANCH NAME: _____   |  |                    |
| <b>MARRIAGE OF</b><br>HUSBAND: _____<br>WIFE: _____   |  |                    |
| <b>JOINT PETITION FOR SUMMARY DISSOLUTION OF MARRIAGE</b>   |  | CASE NUMBER: _____ |

We petition for a summary dissolution of marriage and declare that all the following conditions exist on the date this petition is filed with the court:

1. We have read and understand the *Summary Dissolution Information* booklet (form FL-810).
2. We were married on (date):  
**(A summary dissolution of your marriage will not be granted if you file this petition more than five years after the date of your marriage.)**
3. One of us has lived in California for at least six months and in the county of filing for at least the three months preceding the date of filing.
4. There are no minor children who were born of our relationship before or during our marriage or adopted by us during our marriage. The wife, to her knowledge, is not pregnant.
5. Neither of us has an interest in any real property anywhere. **(You may have a lease for a residence in which one of you lives. It must terminate within a year from the date of filing this petition. The lease must not include an option to purchase.)**
6. Except for obligations with respect to automobiles, on obligations incurred by either or both of us during our marriage, we owe no more than \$6,000.
7. The total fair market value of community property assets, not including what we owe on those assets and not including automobiles, is less than \$38,000.
8. Neither of us has separate property assets, not including what we owe on those assets and not including automobiles, in excess of \$38,000.
9. We each have filled out and given the other an *Income and Expense Declaration* (form FL-150).
10. We each have filled out and given the other copies of the worksheets on pages 8, 10, and 12 of the *Summary Dissolution Information* booklet (form FL-810) used in determining the value and division of our property. We have told each other in writing about any investment, business, or other income-producing opportunities that came up after we were separated based on investments made or work done during the marriage and before our separation. This meets the requirements of preliminary declaration of disclosure.
11. (Check whichever statement is true.)
  - a.  We have no community assets or liabilities.
  - b.  We have signed an agreement listing and dividing all our community assets and liabilities and have signed all the papers necessary to carry out our agreement. A copy of our agreement is attached to this petition.
12. Irreconcilable differences have caused the irremediable breakdown of our marriage, and each of us wishes to have the court dissolve our marriage without our appearing before a judge.
13.  The wife desires to have her former name restored. Her former name is (specify name):  
  
 The husband desires to have his former name restored. His former name is (specify name):

|                       |              |
|-----------------------|--------------|
| HUSBAND:<br><br>WIFE: | CASE NUMBER: |
|-----------------------|--------------|

14. Upon entry of judgment of summary dissolution of marriage, we each give up our rights to appeal and to move for a new trial.

15. **Each of us forever gives up any right to spousal support from the other.**

16. We agree that this matter may be determined by a commissioner sitting as a temporary judge.

**17. Mailing address of husband**

Name:

Address:

**18. Mailing address of wife**

Name:

Address:

City:

State:

Zip Code:

City:

State:

Zip Code:

19. Number of pages attached: \_\_\_\_\_

I declare under penalty of perjury under the laws of the State of California that the foregoing and all attached documents are true and correct.

Date:

Date:

(SIGNATURE OF HUSBAND)

(SIGNATURE OF WIFE)

### NOTICES

Your divorce will not be final until husband or wife files a *Request for Judgment, Judgment of Dissolution of Marriage, and Notice of Entry of Judgment* (form FL-820) and receives a stamped copy back from the court. Either husband or wife can file form FL-820 with the court six months after you file this petition. Until husband or wife files form FL-820, either one of you can stop the divorce by filing a *Notice of Revocation of Petition for Summary Dissolution* (form FL-830).

Dissolution may automatically cancel the rights of a spouse under the other spouse's will, trust, retirement plan, power of attorney, pay-on-death bank account, transfer-on-death vehicle registration, survivorship rights to any property owned in joint tenancy, and any other similar thing. It does not automatically cancel the rights of a spouse as beneficiary of the other spouse's life insurance policy. You should review these matters, as well as any credit card accounts, other credit accounts, insurance policies, and credit reports to determine whether they should be changed or whether you should take any other actions. However, some changes may require the agreement of your spouse or a court order. (See Fam. Code, §§ 231–235.)

|  |                    |
|--|--------------------|
| ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and address):<br><br>TELEPHONE NO. :<br>FAX NO. (Optional):<br>ATTORNEY FOR (Name): | FOR COURT USE ONLY |
| <b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b><br>STREET ADDRESS:<br>MAILING ADDRESS:<br>CITY AND ZIP CODE:<br>BRANCH NAME:  |                    |
| <b>MARRIAGE OF PETITIONERS</b><br>HUSBAND:<br><br>WIFE:  |                    |
| <b>REQUEST FOR JUDGMENT, JUDGMENT OF<br/>DISSOLUTION OF MARRIAGE, AND NOTICE OF ENTRY OF JUDGMENT</b>                        |                    |
| CASE NUMBER:   |                    |

1. The *Joint Petition for Summary Dissolution of Marriage* (form FL-800) was filed on (*date*):
2. No notice of revocation has been filed and the parties have not become reconciled.
3. I request that judgment of dissolution of marriage be
  - a.  entered to be effective now.
  - b.  entered to be effective (*nunc pro tunc*) as of (*date*):  
for the following reason:

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

(TYPE OR PRINT NAME)

(SIGNATURE OF HUSBAND OR WIFE)

4.  Husband,  Wife, who did **not** request his or her own former name be restored when he or she signed the joint petition, now requests that it be restored. The applicant's former name is:

Date:

(TYPE OR PRINT NAME)

(SIGNATURE OF PARTY WISHING TO HAVE HIS OR HER NAME RESTORED)

(For Court Use Only)

### JUDGMENT OF DISSOLUTION OF MARRIAGE

#### 5. THE COURT ORDERS

- a. A judgment of dissolution of marriage will be entered, and the parties are restored to the status of unmarried persons.
- b.  The judgment of dissolution of marriage will be entered *nunc pro tunc* as of (*date*):
- c.  Wife's former name is restored (*specify*):
- d.  Husband's former name is restored (*specify*):
- e. Husband and wife must comply with any agreement attached to the petition.

Date:

JUDGE OF THE SUPERIOR COURT

**NOTICE:** Dissolution may automatically cancel the rights of a spouse under the other spouse's will, trust, retirement benefit plan, power of attorney, pay on death bank account, transfer on death vehicle registration, survivorship rights to any property owned in joint tenancy, and any other similar thing. It does not automatically cancel the rights of a spouse as beneficiary of the other spouse's life insurance policy. You should review these matters, as well as any credit cards, other credit accounts, insurance policies, retirement benefit plans, and credit reports to determine whether they should be changed or whether you should take any other actions.

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|                       |              |
|-----------------------|--------------|
| HUSBAND:<br><br>WIFE: | CASE NUMBER: |
|-----------------------|--------------|

### NOTICE OF ENTRY OF JUDGMENT

6. You are notified that a judgment of dissolution of marriage was entered on (*date*):

Date: Clerk, by \_\_\_\_\_, Deputy

### CLERK'S CERTIFICATE OF MAILING

I certify that I am not a party to this cause and that a true copy of the *Notice of Entry of Judgment* was mailed first class, postage fully prepaid, in a sealed envelope addressed as shown below, and that the notice was mailed

at (*place*): California,

on (*date*):

Date: Clerk, by \_\_\_\_\_, Deputy

HUSBAND'S ADDRESS

WIFE'S ADDRESS