



# SUPERIOR COURT OF STANISLAUS COUNTY

[www.stanislaus.courts.ca.gov](http://www.stanislaus.courts.ca.gov)

(209)530-3100

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

(PROVIDING ASSISTANCE TO PARTIES REPRESENTING THEMSELVES)

## DOMESTIC VIOLENCE RESTRAINED PERSON'S PACKET

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

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

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

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

### REQUIRED FORMS:

- **CLETS-001 - Confidential CLETS Information**
- **DV-120 - Response to Request for Domestic Violence Restraining Order**
- **DV-250 - Proof of Service By Mail**

### ATTACHMENT FORMS:

The following forms are provided in this packet and may be used if they apply to your circumstances:

- **DV-125 – Response to Request for Child Custody and Visitation Orders**
- **DV-800/JV-270 – Proof of Firearms Turned in, Sold or Stored**
- **FL-150 - Income and Expense Declaration(Only required if addressing support issues)**

## **NOTES:**

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

**I was served with form DV-100, DV-109, or DV-110. What does this mean?**

Someone has asked for a domestic violence restraining order against you. On the forms, you are the "person in ②" and the person who wants a restraining order against you is listed in ① on all the forms.

**Form DV-100:** This form has all the orders that the person in ① has asked the judge to order.

**Form DV-109:** Your court hearing (court date) is listed on this form. You should attend the court hearing if you do not agree to the orders requested. If you do not attend, the judge can make orders against you without hearing from you.

**Form DV-110:** If you were served with form DV-110, it means that the judge granted a temporary restraining order against you. You must follow the orders.

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

It is a court order that can help protect people who have been abused by someone they have been intimate with, or are closely related to. To be eligible, the person asking for the restraining order must be:

- Someone you date or used to date
- A spouse, ex-spouse, registered domestic partner, or ex-domestic partner
- Someone you live or lived with (more than a roommate)
- Your parent, sibling, child, grandparent, or grandchild related by blood, marriage, or adoption

**What can a restraining order do?**

A restraining order can include orders for you to:

- Not contact or harm the protected person, including children or others listed as protected people
- Stay away from all protected people and places
- Not have any firearms (guns), firearm parts, or ammunition. This includes homemade or untraceable guns, like "ghost guns."
- Move out of the place that you share with the protected person
- Follow custody and visitation orders
- Pay child support
- Pay spousal support
- Pay debt for property
- Give control of property (examples: cell phone, car, home) to the person asking for protection.

**What if I have children with the person asking for a restraining order?**

A restraining order can include orders for your children, including listing them as protected persons. It can also include child custody and visitation orders and orders to limit your ability to travel with your children.

**How long does the order last?**

If the judge granted a temporary restraining order (form DV-110), it will last until the hearing date. At your court hearing, the judge will decide whether to extend the order or cancel the order. The judge can extend the order for up to five years. Custody, visitation, child support, and spousal support orders can last longer than five years and they do not end when the restraining order ends.

**What do I do next?****Part 1: Turn in or sell prohibited items**

If there is a temporary restraining order against you (see form DV-110), then you must immediately turn in, sell, or store any prohibited items you have or own.

Prohibited items include:



- **Firearms**, including any handgun, rifle, shotgun, and assault weapon
- **Firearm parts** include any receiver, frame, or unfinished receiver/frame
- **Ammunition**, including bullets, shells, cartridges, and clips

You must then prove to the court that you've complied with the orders. Bring form DV-800/JV-270, *Receipt for Firearms, Firearm Parts, and Ammunition*, to a gun dealer or law enforcement when you turn in your items. After DV-800/JV-270 is complete, file it with the court. You may ask the court for information on how to turn in, sell, or store these items in your city or county. You can also read form DV-800-INFO/JV-270-INFO, *How Do I Turn In, Sell, Or Store My Firearms, Firearm Parts, and Ammunition?*.

**Part 2: Respond in writing (optional)**

"Respond" means to let the judge and the other side know whether you agree or disagree with the request for restraining order, and why. Responding in writing is optional and there is no penalty if you don't. If you need more time to prepare for your case, talk to a lawyer or self-help center staff before you file a response.

If you want to respond in writing, complete form DV-120, *Response to Request for Domestic Violence Restraining Order*. After you complete the form, file it with the court. There is no court fee to file this form. Then "serve" the form on the person asking for the restraining order. "Serve" means to have someone 18 years old or older mail a copy to the person asking for the restraining order. You cannot be the one to mail your papers. The person who mails your form must fill out form DV-250, *Proof of Service by Mail*. After form DV-250 is completed, file it with the court.

**Part 3: Get ready and go to your court hearing**

Your court hearing is listed on form DV-109, *Notice of Court Hearing*. You have the option of attending your hearing in-person or remotely (by phone, or videoconference if available). For information on how to attend your hearing remotely, go to the court's website. Some courts may require advance notice. At the hearing, you and the other side will have the opportunity to tell your side of the story. For more information, read form DV-520-INFO, *Get Ready for the Restraining Order Court Hearing*. If you need more time to prepare your case, you may ask the judge for a new court date. The judge will decide whether to grant your request. Read form DV-115-INFO, *How to Ask For a New Hearing Date*, for more information. Note that if the judge does give you a new court date and if there is a temporary restraining order against you, the judge will usually extend the temporary restraining order until the next court date.

**What if I need an interpreter?**

You may use form INT-300 to request an interpreter or ask the clerk how you can request one.

**What if I have a disability and need an accommodation?**

You may use form MC-410 to request assistance. Contact the disability/ADA coordinator at your local court for more information.

**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.htm](http://www.courts.ca.gov/forms.htm) for *Disability Accommodation Request* (form MC-410). (Civil Code section 54.8.)

**Do I need a lawyer?**

It's possible to go through this process without a lawyer. But having a restraining order against you may have a lot of consequences, and you may want to hire a lawyer. If you don't hire a lawyer, you can get free help from your court's self-help center.

**What if I was arrested or have criminal charges against me?**

Anything you write in your court papers or say at a hearing for this case and for any criminal case can be used against you. Talk to a lawyer if you have any concerns about what you can do and say.

**Where can I find a self-help center?**

Free legal help is available at your court's self-help center. Find your local court's self-help center at [www.courts.ca.gov/selfhelp](http://www.courts.ca.gov/selfhelp). Self-help center staff will not act as your lawyer but may be able to give you information to help you decide what to do in your case, and help you with the forms. Staff may also refer you to other agencies who may be able to help you.

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

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

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

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

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

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

**What if I have more than one restraining order against me?**

If the police are called to enforce the order, they will need to follow the rules of enforcement (see "Priority of Enforcement" listed on the back of form DV-110, DV-130, and CR-160). If you have questions about any of the orders against you, contact your local self-help center or talk to a lawyer. Find your local court's self-help center at:

[www.courts.ca.gov/selfhelp](http://www.courts.ca.gov/selfhelp).

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

The National Domestic Violence Hotline provides free and private safety tips. Help is available in over 100 languages. Visit online at [www.thehotline.org](http://www.thehotline.org) or call 1-800-799-7233; 1-800-787-3224 (TTY).

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

Do not use form DV-120 to request a domestic violence restraining order. For information on how to file your own restraining order, read form DV-505-INFO. You can also ask the court clerk about free or low-cost legal help.

**Information about the court process is also available online**

<https://selfhelp.courts.ca.gov/respond-to-DV-restraining-order>

**What do I need to turn in, sell, or store?**

You must turn in, sell, or store all of the following prohibited items that you have or own:

- Firearms, including any handgun, rifle, shotgun, and assault weapon;
- Firearm parts includes any receiver, frame, unfinished receiver, or unfinished frame (also called “ghost guns”); and
- Ammunition, including bullets, shells, cartridges, and clips.

**How do I properly turn in, sell, or store the prohibited items?**

You must take them to:

- Law enforcement, who will accept all prohibited items for safekeeping or to destroy,
- or
- A licensed gun dealer, who can buy or store your firearms. If you have firearm parts or ammunition, call ahead for more information.

**When do I turn in, sell, or store prohibited items?**

Immediately, if law enforcement asks you to. Otherwise, within 24 hours of being served, or told by a judge to do so.

**Can I give my prohibited items to family or friends?**

No, only to law enforcement or a licensed gun dealer. You cannot give your prohibited items to a family member, friend, or anyone else.

**Do I have to pay a fee to store prohibited items?**

You may have to pay a fee. Contact law enforcement or a licensed gun dealer about fees and whether they have space to store your items.

**How do I take prohibited items to law enforcement?**

Call your local law enforcement agency to ask about their procedures. They will give you specific instructions, like making sure your firearms are unloaded and in the trunk of the car. Take a copy of the restraining order with you. **Do not** bring your firearms to court.

**If I turn in my firearms to law enforcement, how long will they keep them?**

It depends. There are procedures for getting your firearms back after a restraining order expires. Ask the law enforcement agency.

**After I give my firearms 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 firearms you are selling.

**How do I prove to the judge that I have complied with (obeyed) the orders?**

- ① Bring a copy of form DV-800/JV-270, *Receipt for Firearms, Firearm Parts, and Ammunition*, with you, and ask the dealer or officer to complete and sign the form.
- ② File form DV-800/JV-270 with the court. Make sure you get two copies. All receipts must be filed with the court within 48 hours from the time you were served with the restraining order, unless the judge gave you another deadline.

**Do I need to bring a copy of the receipt to anyone besides the judge?**

Yes, if:

- ▶ Law enforcement served you with the restraining order, you must give them a copy of your receipt (example: form DV-800/JV-270). If you don't know who served you with the restraining order, ask the court clerk for a copy of the proof of service form for the restraining order. The law enforcement agency is listed on that form.
- ▶ You did not obey the order when you were supposed to, and the court notified law enforcement or a prosecuting attorney. (Tip: Look at forms DV-110, DV-130, or DV-820 to see if the court notified another agency. If the court did, give a copy of the receipt to the agencies listed on any of the forms).

**Where can I find free help?**

Free legal help is available at your court's self-help center. Find your local court's self-help center at [www.courts.ca.gov/selfhelp](http://www.courts.ca.gov/selfhelp). Self-help center staff will not act as your lawyer but may be able to give you information to help you decide what to do in your case, and help you with the forms. Staff may also refer you to other agencies who may be able to help you.

**More information on how to obey these orders is available online**

<https://selfhelp.courts.ca.gov/respond-to-DV-restraining-order/obey-firearms-orders>.

# Yes, I need an Interpreter!

Sí, necesito un Intérprete!

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

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

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

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

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

## Person requesting an Interpreter is:

Persona que solicita el intérprete es:

**Petitioner** (Solicitante)

**Respondent** (Demandado)

**Protected Person** (Persona Protegida)

**Restrained Person** (Persona Restringida)

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



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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

\_\_\_\_\_

\_\_\_\_\_

**4 Other People to Be Protected**

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

Additional persons to be protected are listed on Attachment 4.

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

**Response to Request for Domestic Violence Restraining Order**

Clerk stamps date here when form is filed.

Use this form if someone has asked for a domestic violence restraining order against you, and you want to respond in writing. You will need a copy of form DV-100, *Request for Domestic Violence Restraining Order*, that was filled out by the person who asked for a restraining order against you. There is no cost to file this form with the court.

Do not use this form if you want to ask for your own restraining order. Read form DV-500-INFO, *Can a Domestic Violence Restraining Order Help Me?* to find out more about this type of restraining order.

Fill in court name and street address:

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

Fill in case number:

Case Number:

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

(See form DV-100, item ①):

\_\_\_\_\_

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

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

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

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

**Your contact information (optional)**

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

E-Mail Address: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

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

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

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

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

**This is not a Court Order.**

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

**4 Information About You** (see ② on form DV-100)

The person in ① listed your name, age, gender, and date of birth. If any of the information is incorrect, use the space below to give the correct information.

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**5 Your Relationship to the Person in ①**

In item ③ of form DV-100, has the person in ① correctly described your relationship with them?

Yes  No If no, what is your relationship with the person in ①?:

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**6 History of Court Cases and Restraining Orders** (see ④ on form DV-100)

The person in ① may have listed other court cases or restraining orders involving you. If information is incorrect or missing, use the space below to give information.

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Check here if you are including a copy of restraining order or court order that you want the judge to know about.

**7 Other Protected People**

If the judge grants a restraining order, it can include family or household members of the person in ①. See ⑧ on form DV-100 to see if the person in ① is asking for other people to be protected by the restraining order.

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

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

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**8 Order to Not Abuse** (see ⑩ on form DV-100)

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

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

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**This is not a Court Order.**



**9**  **No-Contact Order** (see **11** on form DV-100)

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

Explain why you disagree, or describe a different order that you would agree to: \_\_\_\_\_  
\_\_\_\_\_**10**  **Stay-Away Order** (see **12** on form DV-100)

- a.  I agree to the orders requested.  
b.  I do not agree to the orders requested.

Explain why you disagree, or describe a different order that you would agree to: \_\_\_\_\_  
\_\_\_\_\_**11**  **Order to Move Out** (see **13** on form DV-100)

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

Explain why you disagree, or describe a different order that you would agree to: \_\_\_\_\_  
\_\_\_\_\_**12**  **Other Orders** (see **14** on form DV-100)

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

Explain why you disagree, or describe a different order that you would agree to: \_\_\_\_\_  
\_\_\_\_\_**13**  **Child Custody and Visitation** (see **15** on form DV-100 and DV-105)

- a.  I am **not** the parent of the child listed in form DV-105, *Request for Child Custody and Visitation Orders*.  
b.  I am the parent of the child or children listed in form DV-105 (*check one*):  
(1)  I agree to the order requested.  
(2)  I do not agree to the orders requested. (Complete form DV-125, *Response to Request for Child Custody and Visitation Orders*, and attach it to this form.)

**This is not a Court Order.**

**14**  **Protect Animals** (see **16** on form DV-100)

- a.  I agree to the orders requested.  
b.  I do not agree to the orders requested.

Explain why you disagree, or describe a different order that you would agree to: \_\_\_\_\_  
\_\_\_\_\_**15**  **Control of Property** (see **17** on form DV-100)

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

Explain why you disagree, or describe a different order that you would agree to: \_\_\_\_\_  
\_\_\_\_\_**16**  **Health and Other Insurance** (see **18** on form DV-100)

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

Explain why you disagree, or describe a different order that you would agree to: \_\_\_\_\_  
\_\_\_\_\_**17**  **Record Communications** (see **19** on form DV-100)

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

**18**  **Property Restraint** (see **20** on form DV-100)

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

Explain why you disagree, or describe a different order that you would agree to: \_\_\_\_\_  
\_\_\_\_\_**19**  **Pay Debt (Bills) Owed for Property** (see **22** on form DV-100)

- a.  I agree to the orders requested.  
b.  I do not agree to the orders requested.

Explain why you disagree, or describe a different order that you would agree to: \_\_\_\_\_  
\_\_\_\_\_**This is not a Court Order.**

**20**  **Pay Expenses Caused by the Abuse** (see **23** on form DV-100)

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

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

**21**  **Child Support** (see **24** on form DV-100)

- a.  I agree to the order requested.  
b.  I do not agree to the order requested.  
c.  I agree to pay guideline child support. (Learn more about guideline child support at [www.courts.ca.gov/selfhelp-support.htm](http://www.courts.ca.gov/selfhelp-support.htm).)

**22**  **Spousal Support** (see **25** on form DV-100)

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

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

**23**  **Lawyer's Fees and Costs** (see **26** on form DV-100)

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

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

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

**24**  **Batterer Intervention Program** (see **27** on form DV-100)

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

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

**This is not a Court Order.**



**25**  **Transfer Wireless Phone Account** (see **28** on form DV-100)

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

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

**26** **Firearms (Guns), Firearm Parts, or Ammunition** (see **29** on form DV-100)

If you were served with form DV-110, *Temporary Restraining Order*, you must follow the orders in **5** on form DV-110. You must file a receipt with the court from the law enforcement agency or a licensed gun dealer within 48 hours after you received form DV-110. You may use form DV-800/JV-270, *Receipt for Firearms, Firearm Parts, and Ammunition*.

(Check all that apply)

- a.  I do not own or have any prohibited items (firearms (guns), prohibited firearm parts, or ammunition).
- b.  I have turned in all prohibited items that I have or own to law enforcement or sold/stored them with a licensed gun dealer. A copy of the receipt showing that I turned in, sold, or stored the prohibited items (check all that apply):  is attached  has already been filed with the court.
- c.  I ask for an exception to carry a firearm for work only. (You will have to show the judge that your work requires you to have a firearm, and that your employer cannot reassign you to another position where a firearm is not needed. If you are a peace officer, there are additional requirements.)  
 (Give details, like what your job is and why you need a firearm): \_\_\_\_\_  
 \_\_\_\_\_

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

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

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

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

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

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

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

**This is not a Court Order.**

**29**  **My Out-of-Pocket Expenses**

If the request for restraining order is denied by the judge at the court hearing, I ask the judge to order the person in ① to pay my out-of-pocket expenses because the temporary restraining order was granted without enough supporting facts. The expenses are:

For: \_\_\_\_\_ Because: \_\_\_\_\_ Amount: \$ \_\_\_\_\_  
 For: \_\_\_\_\_ Because: \_\_\_\_\_ Amount: \$ \_\_\_\_\_  
 For: \_\_\_\_\_ Because: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

**30** **Additional Pages**

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

**31** **Your signature**

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

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

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



\_\_\_\_\_  
*Sign your name*

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

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

\_\_\_\_\_  
*Lawyer's name*



\_\_\_\_\_  
*Lawyer's signature*

**Your Next Steps**

- If the person in ① asked for child support, spousal support, or anyone is asking for lawyer's fees, you must complete form FL-150, *Income and Expense Declaration*. If the person in ① is only asking for child support (item 24 on form DV-100), you may be eligible to fill out a simpler form, form FL-155. Read form DV-570 to see if you are eligible to fill out form FL-155. Before your court date, you must file form FL-150 or FL-155 with the court. Then you must have a server mail a copy to the person in ① and have your server complete form DV-250, *Proof of Service by Mail*. After form DV-250 is completed, file it with the court.
- Prepare for your court date by gathering evidence or witnesses, if you have any. Learn more at: <https://selfhelp.courts.ca.gov/respond-domestic-violence-restraining-order>. More information is also available on form DV-120-INFO, *How Can I Respond to a Request for Domestic Violence Restraining Order?*

**This is not a Court Order.**



This form is attached to form DV-120.

**How to complete this form:** To answer the questions below, look at the form DV-105 filled out by the person in ①. Tip: Where form DV-105 refers to "person in ②," that means you. If you need more space to complete your answer, you can use a separate piece of paper and attach it to this form. Include a title at the top of the paper (example: DV-125, Custody of Children).

**1 Person Asking for Protection** (see ① on form DV-105)

- a. Name: \_\_\_\_\_
- b. Relationship to children:  Parent  Legal Guardian  Other (describe): \_\_\_\_\_

**2 Your Information**

- a. Name: \_\_\_\_\_
- b. Relationship to children:  Parent  Legal Guardian  Other (describe): \_\_\_\_\_

**3 Children** (see ③ on form DV-105)

- a.  I am the parent of the child or children listed on form DV-105.
- b.  I am **not** the parent of all the children listed on form DV-105.
- c.  I am **not** the parent of the following children (list names):  
\_\_\_\_\_
- d.  Other (describe): \_\_\_\_\_

**4 City and State Where Children Lived** (see ④ on form DV-105)

- a.  I agree with the information given by the person in ①.
- b.  I do not agree. (Use form DV-105(A) to list where the children have lived.)

**5 History of Court Cases Involving Children** (see ⑤ on form DV-105)

The person in ① may have listed other court cases involving your children. If information is incorrect or missing, use the space below to give information.

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

- Custody or Divorce \_\_\_\_\_
- Criminal \_\_\_\_\_
- Juvenile Court (child welfare, juvenile justice) \_\_\_\_\_
- Guardianship \_\_\_\_\_
- Other (example: child support case) \_\_\_\_\_

(If a judge has already made a custody or visitation order for children in this case, attach a copy of the order if you have one.)

**This is not a Court Order.**



- 6  **No Travel With Children Without Permission** (see 6 on form DV-105)
- a.  I agree to the order requested.
- b.  I do not agree to the order requested because: \_\_\_\_\_
- c.  I would agree to a different order (describe the order you would agree to): \_\_\_\_\_

- 7  **Stop Access to Children's School, Health, and Other Information** (see 7 on form DV-105)
- a.  I agree to the order requested.
- b.  I do not agree to the order requested because: \_\_\_\_\_
- c.  I would agree to a different order (describe the order you would agree to): \_\_\_\_\_

- 8  **Request for Orders to Prevent Child Abduction** (see 4–10 on form DV-108)
- a.  I agree to the order requested.
- b.  I do not agree to the order requested because: \_\_\_\_\_
- c.  I would agree to a different order (describe the order you would agree to): \_\_\_\_\_

- 9  **Custody of Children** (see 9 on form DV-105)
- a.  I agree to the order requested.
- b.  I do not agree to the order requested because: \_\_\_\_\_
- c.  I would agree to a different order:
- Legal Custody (The person that makes decisions about the child's health, education, and welfare.) (check one):
- Sole to me
- Sole to person in 1
- Jointly (shared) by persons in 1 and me.
- Other (describe): \_\_\_\_\_
- Physical Custody (The person that the child regularly lives with.) (check one):
- Sole to me
- Sole to person in 1
- Jointly (shared) by persons in 1 and me.
- Other (describe): \_\_\_\_\_

**This is not a Court Order.**

Case Number:

10  **Your Visitation (Parenting Time) with Children** (see pages 3–5 on form DV-105)

- a.  I agree to the order requested.
- b.  I do not agree to the order requested because: \_\_\_\_\_

- c.  I would agree to a different order:  
(Use the lines or chart below to describe the parenting time you want. Give as much detail as you can.)

	Time	Person to bring children to and from visit	Location of drop-off/pick-up
Monday	Start:		
	End, if applies:		
Tuesday	Start:		
	End, if applies:		
Wednesday	Start:		
	End, if applies:		
Thursday	Start:		
	End, if applies:		
Friday	Start:		
	End, if applies:		
Saturday	Start:		
	End, if applies:		
Sunday	Start:		
	End, if applies:		

Follow the schedule listed above (check one):

- Every week  Every other week  Other \_\_\_\_\_

Start date for visits (month, day, year) \_\_\_\_\_

11 The statements made on this form are made under penalty of perjury as declared on form DV-120.

**This is not a Court Order.**

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

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

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

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

**2. Age and education**

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

**3. Tax information**

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

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

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

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

Date:

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

PETITIONER: RESPONDENT: OTHER PARTY/PARENT/CLAIMANT:	CASE NUMBER:
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Attach copies of your pay stubs for the last two months and proof of any other income. Take a copy of your latest federal tax return to the court hearing. (Black out your Social Security number on the pay stub and tax return.)

5. **Income** (For average monthly, add up all the income you received in each category in the last 12 months and divide the total by 12.)

	Last month	Average monthly
a. Salary or wages (gross, before taxes) .....	\$ _____	_____
b. Overtime (gross, before taxes) .....	\$ _____	_____
c. Commissions or bonuses .....	\$ _____	_____
d. Public assistance (for example: TANF, SSI, GA/GR) <input type="checkbox"/> currently receiving .....	\$ _____	_____
e. Spousal support <input type="checkbox"/> from this marriage <input type="checkbox"/> from a different marriage <input type="checkbox"/> federally taxable* .....	\$ _____	_____
f. Partner support <input type="checkbox"/> from this domestic partnership <input type="checkbox"/> from a different domestic partnership .....	\$ _____	_____
g. Pension/retirement fund payments .....	\$ _____	_____
h. Social Security retirement (not SSI) .....	\$ _____	_____
i. Disability: <input type="checkbox"/> Social Security (not SSI) <input type="checkbox"/> State disability (SDI) <input type="checkbox"/> Private insurance .....	\$ _____	_____
j. Unemployment compensation .....	\$ _____	_____
k. Workers' compensation .....	\$ _____	_____
l. Other (military allowances, royalty payments) (specify): .....	\$ _____	_____

6. **Investment income** (Attach a schedule showing gross receipts less cash expenses for each piece of property.)

a. Dividends/interest .....	\$ _____	_____
b. Rental property income .....	\$ _____	_____
c. Trust income .....	\$ _____	_____
d. Other (specify): .....	\$ _____	_____

7. **Income from self-employment, after business expenses for all businesses** .....

I am the  owner/sole proprietor  business partner  other (specify): \_\_\_\_\_

Number of years in this business (specify): \_\_\_\_\_

Name of business (specify): \_\_\_\_\_

Type of business (specify): \_\_\_\_\_

**Attach a profit and loss statement for the last two years or a Schedule C from your last federal tax return. Black out your Social Security number. If you have more than one business, provide the information above for each of your businesses.**

8.  **Additional income.** I received one-time money (lottery winnings, inheritance, etc.) in the last 12 months (specify source and amount): \_\_\_\_\_

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

10. **Deductions**

	Last month
a. Required union dues .....	\$ _____
b. Required retirement payments (not Social Security, FICA, 401(k), or IRA) .....	\$ _____
c. Medical, hospital, dental, and other health insurance premiums (total monthly amount) .....	\$ _____
d. Child support that I pay for children from other relationships .....	\$ _____
e. Spousal support that I pay by court order from a different marriage <input type="checkbox"/> federally tax deductible* .....	\$ _____
f. Partner support that I pay by court order from a different domestic partnership .....	\$ _____
g. Necessary job-related expenses not reimbursed by my employer (attach explanation labeled "Question 10g") .....	\$ _____

11. **Assets**

	Total
a. Cash and checking accounts, savings, credit union, money market, and other deposit accounts .....	\$ _____
b. Stocks, bonds, and other assets I could easily sell .....	\$ _____
c. All other property, <input type="checkbox"/> real and <input type="checkbox"/> personal (estimate fair market value minus the debts you owe) .....	\$ _____

\* Check the box if the spousal support order or judgment was executed by the parties and the court before January 1, 2019, or if a court-ordered change maintains the spousal support payments as taxable income to the recipient and tax deductible to the payor.

PETITIONER: RESPONDENT: OTHER PARTY/PARENT/CLAIMANT:	CASE NUMBER:
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**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

<p>a. Home:</p> <p>(1) <input type="checkbox"/> Rent or <input type="checkbox"/> mortgage ..... \$ _____</p> <p style="padding-left: 20px;">If mortgage:</p> <p style="padding-left: 40px;">(a) average principal:     \$ _____</p> <p style="padding-left: 40px;">(b) average interest:     \$ _____</p> <p>(2) Real property taxes ..... \$ _____</p> <p>(3) Homeowner's or renter's insurance (if not included above) ..... \$ _____</p> <p>(4) Maintenance and repair ..... \$ _____</p> <p>b. Health-care costs not paid by insurance ..... \$ _____</p> <p>c. Child care ..... \$ _____</p> <p>d. Groceries and household supplies ..... \$ _____</p> <p>e. Eating out ..... \$ _____</p> <p>f. Utilities (gas, electric, water, trash) ..... \$ _____</p> <p>g. Telephone, cell phone, and e-mail ..... \$ _____</p>	<p>h. Laundry and cleaning ..... \$ _____</p> <p>i. Clothes ..... \$ _____</p> <p>j. Education ..... \$ _____</p> <p>k. Entertainment, gifts, and vacation ..... \$ _____</p> <p>l. Auto expenses and transportation (insurance, gas, repairs, bus, etc.) ..... \$ _____</p> <p>m. Insurance (life, accident, etc.; do not include auto, home, or health insurance) ..... \$ _____</p> <p>n. Savings and investments ..... \$ _____</p> <p>o. Charitable contributions ..... \$ _____</p> <p>p. Monthly payments listed in item 14 (itemize below in 14 and insert total here) \$ _____</p> <p>q. Other (specify): ..... \$ _____</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>r. <b>TOTAL EXPENSES</b> (a-q) (do not add in the amounts in a(1)(a) and (b))     \$ _____</p> </div> <p>s. <b>Amount of expenses paid by others</b>     \$ _____</p>
---	---

**14. Installment payments and debts not listed above**

Paid to	For	Amount	Balance	Date of last payment
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

**15. Attorney fees** (This is required if either party is requesting attorney fees.):

- a. To date, I have paid my attorney this amount for fees and costs (specify): \$ \_\_\_\_\_
- b. The source of this money was (specify): \_\_\_\_\_
- c. I still owe the following fees and costs to my attorney (specify total owed): \$ \_\_\_\_\_
- d. My attorney's hourly rate is (specify): \_\_\_\_\_

I confirm this fee arrangement.

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

\_\_\_\_\_     \_\_\_\_\_

(TYPE OR PRINT NAME)
(SIGNATURE OF DECLARANT)

PETITIONER: RESPONDENT: OTHER PARTY/PARENT/CLAIMANT:	CASE NUMBER:
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**CHILD SUPPORT INFORMATION**

**(NOTE: Fill out this page only if your case involves child support.)**

**16. Number of children**

- a. I have *(specify number)*: \_\_\_\_\_ children under the age of 18 with the other parent in this case.
- b. The children spend \_\_\_\_\_ percent of their time with me and \_\_\_\_\_ percent of their time with the other parent.  
*(If you're not sure about percentage or it has not been agreed on, please describe your parenting schedule here.)*

**17. Children's health-care expenses**

- a.  I do  I do not have health insurance available to me for the children through my job.
- b. Name of insurance company: \_\_\_\_\_
- c. Address of insurance company: \_\_\_\_\_
  
- d. The monthly cost for the **children's** health insurance is or would be *(specify)*: \$ \_\_\_\_\_  
*(Do not include the amount your employer pays.)*

**18. Additional expenses for the children in this case**

Amount per month

- a. Child care so I can work or get job training ..... \$ \_\_\_\_\_
- b. Children's health care not covered by insurance ..... \$ \_\_\_\_\_
- c. Travel expenses for visitation ..... \$ \_\_\_\_\_
- d. Children's educational or other special needs *(specify below)*: ..... \$ \_\_\_\_\_

**19. Special hardships.** I ask the court to consider the following special financial circumstances

*(attach documentation of any item listed here, including court orders) :*

Amount per month

For how many months?

- a. Extraordinary health expenses not included in 18b ..... \$ \_\_\_\_\_
- b. Major losses not covered by insurance *(examples: fire, theft, other insured loss)* ..... \$ \_\_\_\_\_
- c. (1) Expenses for my minor children who are from other relationships and are living with me ..... \$ \_\_\_\_\_  
 (2) Names and ages of those children *(specify)*: \_\_\_\_\_

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

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

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

# DV-800/JV-270 Receipt for Firearms, Firearm Parts, and Ammunition

Clerk stamps date here when form is filed.

## 1 Person Asking For Protection:

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

## 2 Your Information (Restrained Person)

a. Your Name: \_\_\_\_\_

b. Your Address

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

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

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

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

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

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

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

Fill in court name and street address:

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

Court fills in case number when form is filed.

**Case Number:**

## 3 To the Restrained Person:

If a judge has ordered you to turn in, sell, or store your firearms (guns), firearm parts, and ammunition, use this form to prove to the judge that you have obeyed their orders. Take this form to a law enforcement officer or a licensed gun dealer to complete ④ or ⑤. For more information on how to properly turn in your items, read form DV-800-INFO/JV-270-INFO, *How Do I Turn In, Sell, or Store My Firearms, Firearm Parts, and Ammunition?*

## 4 To Law Enforcement

(Complete the section below. Keep a copy and give the original to the person in ②.)

Name of Law Enforcement Agency: \_\_\_\_\_

Name of Law Enforcement Agent: \_\_\_\_\_

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

Telephone number: \_\_\_\_\_ Email address: \_\_\_\_\_

### Items Surrendered

a. Firearms, firearm parts, and ammunition transferred on:

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

b. List of items. (List all the items surrendered by the person in ②. You may attach a separate form from your agency (e.g., a property report), use ⑥, or both.) Check below if you have attached a separate form:

Separate form is attached. (If it does not include all surrendered items, list additional items in ⑥.)

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 \_\_\_\_\_





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

5

### To Licensed Gun Dealer

(Complete the section below. Keep a copy and give the original to the person in ②.)

Name of Licensed Gun Dealer: \_\_\_\_\_

License number: \_\_\_\_\_

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

Telephone number: \_\_\_\_\_ Email address: \_\_\_\_\_

#### Items Stored or Sold

a. Firearms, firearm parts, and ammunition transferred on:

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

b. List of items. (List all the items surrendered by the person in ②. You may attach a separate form (e.g., DOJ's Report of Firearm Acquisition), use ⑥, or both.) Check below if you have attached a separate form:

Separate form is attached. (If it does not include all surrendered items, list additional items in ⑥.)

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

#### List of Items Surrendered

a. Firearms and firearm parts

	Make	Model	Serial Number, if there is one	Sold	Stored	To be destroyed
(1)	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2)	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3)	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(4)	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(5)	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(6)	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

b. Ammunition

	Brand	Type	Amount	Sold	Stored	To be destroyed
(1)	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2)	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3)	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(4)	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(5)	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(6)	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Check here if there is not enough space above for your answer. Use a separate sheet of paper to list other items and attach it to this form. Use "DV-800/JV-270, List of Surrendered Items" as a title.



Case Number:

**7 To the Restrained Person:**

**Besides the items listed on page 2 or in an attached form, do you have or own any other firearms (guns), firearm parts, or ammunition?**

No

Yes (If yes, check one of the boxes below:)

- a.  I filed a *Receipt for Firearms, Firearm Parts, and Ammunition* (form DV-800/JV-270) or other proof for those items with the court on (date): \_\_\_\_\_
- b.  I am filing the proof for those firearms (guns), firearm parts, or ammunition along with this proof.
- c.  I have not yet filed the proof for the other firearms (guns), firearm parts, or ammunition. (Explain why not):

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

**Your signature**

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

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

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



\_\_\_\_\_  
*Sign your name*

**Your Next Steps**

- After the form is complete, make two additional copies. Take the copies and original to the court clerk to file.
- If law enforcement served you with the restraining order, give a copy to the law enforcement agency that served you with the restraining order.
- Keep a copy for yourself.

**Note that failure to file a receipt with the court and with the law enforcement agency is a violation of the judge's order.**

# DV-250 Proof of Service by Mail

Clerk stamps date here when form is filed.

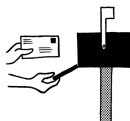
1 Name of Person Asking for Protection: \_\_\_\_\_

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

### 3 Notice to Server

The server must:

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



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

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

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

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

### 6 Server's Information

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

If you are a registered process server:

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

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

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

\_\_\_\_\_  
Type or print server's name

\_\_\_\_\_  
Server to sign here

Fill in court name and street address:

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

Fill in case number:

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