



SUPERIOR COURT OF STANISLAUS COUNTY

www.stanct.org (209) 530-3100

Street Address: 1100 I Street Modesto, CA 95353

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

Self Help Center: 800 11th 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 13th Street, Modesto, CA and on the following websites:

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

REQUIRED FORMS:

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

NOTES:

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

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

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

DV-120-INFO How Can I Respond to a Request for Domestic Violence Restraining Order?

What is a Domestic Violence Restraining Order?

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

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

What does the order do?

The court can order you to:

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

Who can ask for a domestic violence restraining order?

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

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

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

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

What if I don't obey the order?

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

How long does the order last?

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

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

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

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

No.

What if I also have criminal charges against me?

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



DV-120-INFO How Can I Respond to a Request for Domestic Violence Restraining Order?

What if I have a gun or ammunition?

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

Do I need a lawyer?

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

What if I do not speak English?

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

What if I am deaf or hard of hearing?



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

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

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

What if I have children with the other person?

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

What if I want to leave the county or state?

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

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

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

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

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

What if I am a victim of domestic violence?

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

1-800-799-7233

TDD: 1-800-787-3224

It's free and private.

They can help you in more than 100 languages.

For help in your area, contact:

[Local information may be inserted]

1 What is a firearm?

A firearm is a

- Handgun
- Shotgun
- Rifle
- Assault Weapon

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

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

3 How do I sell or store my firearm?

Find a licensed gun dealer in your area.

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

4 How do I take my firearm to law enforcement?

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

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

Ask the law enforcement agency.

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

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

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

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

8 Questions?

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

DO:

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

DO NOT:

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

Be prepared.

- Bring documents that support your case (police or medical reports, rental agreements or receipts, pictures, bills, etc.).
- You can bring a witness to help support your case. Witnesses may or may not be permitted to testify. But you can bring a written statement of what the witness saw or heard. (You must file and serve witness statements by mail or in person, along with your *Answer* (Form DV-120). Bring filed copies of your *Answer* and *Proof of Service* (Form DV-250) to your hearing.)
- Most courtrooms do not allow children. Ask the court clerk if there is a children's waiting room in the courthouse.
- **Don't miss the hearing! If you miss it, the judge can make the orders without hearing from you.**

Get there 30 minutes early.

- Find the courtroom.
- When the courtroom opens, go in and tell the clerk or officer that you are present.
- If the person who asked for the order is present, do not sit near or talk to him or her.
- Watch the other cases so you will know what to do.
- When your name is called, go to the front of the courtroom.
- Your hearing may last just a few minutes or up to an hour or more. However, you may be at court several hours, depending on the number of other cases.

What if I don't speak English?

Ask someone who speaks English to call the court clerk before your hearing and ask for a court interpreter. If the interpreter is not available, bring someone to interpret for you. Do not ask a child, a witness, or a protected person to interpret for you.

What if I am deaf or hard of hearing?**Requests 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 proceeding. Contact the clerk's office or go to www.courtinfo.ca.gov/forms for *Request for Accommodations by Persons With Disabilities and Order* (form MC-410). (Civil Code, § 54.8)

Practice telling what you disagree with.

Make a list of the orders you disagree with. Practice saying why you disagree. Do not take more than 3 minutes to say which orders you disagree with.

If you get nervous at the hearing, just read from your list. Use your list to make sure you have told the judge about each order you disagree with.



The judge may ask questions.

- Tell the truth. Speak slowly. You can read from your list.
- The other person or a lawyer may also ask you questions.
- Give complete answers.
- If you don't understand, say "I don't understand the question."
- If the other person lies in court, wait until he or she finishes talking. Then tell the judge.
- Speak only to the judge. Do not talk to the other person unless it is your turn to ask questions.
- When people are talking to the judge, wait for them to finish. Then you can ask them questions about what they said.
- Do not sit near or talk to the other person.

The judge will decide.

- At the end of the hearing, the judge will say what the orders are.
- You will be served with the *Restraining Order After Hearing* (Form DV-130) within a few days, by mail or in person.
- If anything on the Form DV-130 is different from what the judge ordered, talk to a lawyer right away. Or ask the court clerk how to find free or low-cost legal services.

The judge may “continue” your case.

This means you have to come back another day. The judge can do this if:

- You need more time to get a lawyer or prepare an answer
- The judge wants more information
- Your hearing is taking longer than planned

If your case is continued . . .

- The judge may make the orders last until the new hearing date.
- Bring all your papers back to court at the next hearing.

What about child custody or visitation?

- If you need child custody or visitation orders, the judge will send you to mediation. Mediation helps parents agree on a plan for custody and visitation that is best for the children.
- If you are sent to mediation, the judge may make your temporary custody and visitation orders last until the next hearing or until another court order.
- Either parent can ask to meet with the mediator separately.

What happens after the hearing?

- If the judge makes the orders, you must obey them. If you don't, you can be arrested.
- If you do not receive a copy of the orders, ask the clerk for a copy, or talk to a lawyer.

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):		This is the Form Number
YOUR NAME HERE YOUR STREET ADDRESS HERE YOUR CITY, STATE, and ZIP CODE HERE TELEPHONE NO.: E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name):		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:		SAMPLE
COURT'S PHYSICAL ADDRESS HERE COURT'S MAILING ADDRESS HERE COURT'S CITY, STATE, and ZIP CODE HERE		
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/CLAIMANT:		COURT CASE NUMBER HERE
INCOME AND EXPENSE DECLARATION		

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

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

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

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

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

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

2. Age and education

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

3. Tax information

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

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

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

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

Date:
(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)

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

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

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

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

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

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

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

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

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

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

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

Number of years in this business (specify): _____

Name of business (specify): _____

Type of business (specify): _____

IF YOU ARE SELF-EMPLOYED

8. **Additional income.** I received one-time income from the following source(s) (specify source and amount): _____

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

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

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

10. **Deductions**

	Last month
a. Required union dues.....	\$ _____
b. Required retirement payments (not social security, FICA, 401(k), or IRA).....	\$ _____
c. Medical, hospital, dental, and vision insurance (specify amount).....	\$ _____
d. Child support that I pay for child(ren).....	\$ _____
e. Spousal support that I pay by court order from a different marriage.....	\$ _____
f. Partner support that I pay by court order from a different domestic partnership.....	\$ _____
g. Necessary job-related expenses not reimbursed by my employer (attach explanation labeled "Question 10g").....	\$ _____

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

11. **Assets**

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

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

PETITIONER/PLAINTIFF: _____ RESPONDENT/DEFENDANT: _____ OTHER PARENT/CLAIMANT: _____	CASE NUMBER: _____ COURT CASE NUMBER HERE
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12. The following people live with me:

Name	Age	How the person is related to me? (ex: son)	That person's gross monthly income	Pays some of the household expenses?
a.				<input type="checkbox"/> Yes <input type="checkbox"/> No
b.				<input type="checkbox"/> Yes <input type="checkbox"/> No
c.				<input type="checkbox"/> Yes <input type="checkbox"/> No
d.				<input type="checkbox"/> Yes <input type="checkbox"/> No
e.				<input type="checkbox"/> Yes <input type="checkbox"/> No

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

13. Average monthly expenses Estimated expenses Actual expenses Proposed needs

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

LIST ALL OF YOUR MONTHLY EXPENSES HERE FOR THE ITEMS LISTED

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

WRITE HOW MUCH OF THE EXPENSES ARE PAID BY OTHERS

14. Installment payments and debts not listed

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

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

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

I confirm this fee arrangement.

Date: _____

 (TYPE OR PRINT NAME OF ATTORNEY) ▶ _____
 (SIGNATURE OF ATTORNEY)

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/CLAIMANT:	FILL THIS OUT EXACTLY AS THE INFORMATION APPEARS ON YOUR OTHER DOCUMENTS	CASE NUMBER: <div style="border: 2px solid red; color: red; text-align: center; padding: 5px;">COURT CASE NUMBER HERE</div>
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CHILD SUPPORT INFORMATION

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

16. Number of children

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

FILL OUT THIS PAGE ONLY IF YOU ARE PAYING CHILD SUPPORT

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

17. Children's health-care expenses

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

CHECK WHETHER YOU DO OR DO NOT HAVE HEALTH INSURANCE FOR THE CHILDREN. IF YOU DO HAVE HEALTH INSURANCE, WRITE IN HOW MUCH YOU PAY, NOT HOW MUCH YOUR EMPLOYER PAYS

18. Additional expenses for the children in this case

Amount per month

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

WRITE IN ANY OTHER EXPENSES YOU PAY FOR THE CHILDREN

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

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

Amount per month

For how many months?

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

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

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

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

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

Yes, I need an Interpreter!

Sí, necesito un Intérprete!

Name (Nombre): _____

Case Number (Número de caso): _____

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

Spanish (Español) **Dialecto:** _____

Other: _____ **Dialect:** _____

Person requesting an Interpreter is:

Persona que solicita el intérprete es:

Petitioner (Solicitante)

Respondent (Demandado)

Protected Person (Persona Protegida)

Restrained Person (Persona Restringida)

Other (Otro): _____

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

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

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

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

Case Number (<i>if you know it</i>): _____

1 Person to Be Protected (*Name*): _____

Sex: M F Height: _____ Weight: _____ Race: _____

Hair Color: _____ Eye Color: _____ Age: _____ Date of Birth: _____

Mailing Address (*listed on restraining order*): _____

City: _____ State: _____ Zip: _____ Telephone (*optional*): _____

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

2 Person to Be Restrained (*Name*): _____

Sex: M F Height: _____ Weight: _____ Race: _____

Hair Color: _____ Eye Color: _____ Age: _____ Date of Birth: _____

Residence Address: _____

City: _____ State: _____ Zip: _____ Telephone: _____

Business Address: _____

City: _____ State: _____ Zip: _____ Telephone: _____

Employer: _____

Occupation/Title: _____ Work Hours: _____

Driver's License Number and State: _____ Social Security Number: _____

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

Describe any marks, scars, or tattoos: _____

Other names used by the restrained person: _____

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

4 Other People to Be Protected

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

Additional persons to be protected are listed on Attachment 4.

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

Clerk stamps date here when form is filed.

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 STANISLAUS 1100 I STREET P. O. BOX 1098 MODESTO, CA 95353

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.
For more information, read Form DV-120-INFO, How Can I Respond to a Request for Domestic Violence Restraining Order?
This form is for a response to a restraining order request. For more information about how to request your own restraining order, read Form DV-505-INFO and Form DV-120-INFO

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 five years and could be renewed.

4 Relationship to Person Asking for Protection

- I agree to the relationship listed in item 4 on Form DV-100.
I do not agree that the other party and I have or had the relationship listed in item 4 on Form DV-100 because:

5 Other Protected People

- I agree to the order requested.
I do not agree to the order requested, but I would agree to:

(Specify your reasons in item 25, page 5, of this form.)

This is not a Court Order.



6 **Personal Conduct Orders**a. I agree to the orders requested.b. I do not agree to the order requested, but I would agree to: _____

(Specify your reasons in item 25, page 5, of this form.)

7 **Stay-Away Order**a. I agree to the order requested.b. I do not agree to the order requested, but I would agree to: _____

(Specify your reasons in item 25, page 5, of this form.)

8 **Move-Out Order**a. I agree to the order requested.b. I do not agree to the order requested, but I would agree to: _____

(Specify your reasons in item 25, page 5, of this form.)

9 **Guns or Other Firearms or Ammunition**

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 section 6389(h) because (specify): _____c. I have turned in my guns and firearms to law enforcement or sold them to, or stored them with, a licensed gun dealer. A copy of the receipt showing that I turned in, sold, or stored my firearms (check all that apply): is attached has already been filed with the court.**10** **Record Unlawful Communications**a. I agree to the order requested.b. I do not agree to the order requested, but I would agree to: _____

(Specify your reasons in item 25, page 5, of this form.)

11 **Care of Animals**a. I agree to the order requested.b. I do not agree to the order requested, but I would agree to: _____

(Specify your reasons in item 25, page 5, of this form.)

This is not a Court Order.

- 12** **Child Custody and Visitation**
- a. I agree to the order requested.
 - b. I do not agree to the order requested. *(Specify your reasons in item 25, page 5, 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** *(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 25, page 5, 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 [Form FL-155](#), Financial Statement (Simplified).

- 14** **Property Control**
- a. I agree to the order requested.
 - b. I do not agree to the order requested, but I would agree to: _____
- (Specify your reasons in item 25, page 5, of this form.)*

- 15** **Debt Payment**
- a. I agree to the order requested.
 - b. I do not agree to the order requested, but I would agree to: _____
- (Specify your reasons in item 25, page 5, of this form.)*

- 16** **Property Restraint**
- a. I agree to the order requested.
 - b. I do not agree to the order requested, but I would agree to: _____
- (Specify your reasons in item 25, page 5, of this form.)*

- 17** **Spousal Support**
- a. I agree to the order requested.
 - b. I do not agree to the order requested, but I would agree to: _____
- (Specify your reasons in item 25, page 5, of this form.)*

Whether or not you agree, you must fill out, serve, and file [Form FL-150](#), Income and Expense Declaration.

This is not a Court Order.



18 **Rights to Mobile Device and Wireless Phone Account**

- a. I agree to the order requested.
b. I do not agree to the order requested, but I would agree to: _____

(Specify your reasons in item 25, page 5, of this form.)

19 **Insurance**

- a. I agree to the order requested.
b. I do not agree to the order requested, but I would agree to: _____

(Specify your reasons in item 25, page 5, of this form.)

20 **Lawyer's Fees and Costs**

- a. I agree to the order requested.
b. I do not agree to the order requested, but I would agree to: _____

(Specify your reasons in item 25, page 5, 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.

21 **Payments for Costs and Services**

- a. I agree to the order requested.
b. I do not agree to the order requested, but I would agree to: _____

(Specify your reasons in item 25, page 5, of this form.)

22 **Batterer Intervention Program**

- a. I agree to the order requested.
b. I do not agree to the order requested, but I would agree to: _____

(Specify your reasons in item 25, page 5, of this form.)

23 **Other Orders** (see item 22 on Form DV-100)

- a. I agree to the order requested.
b. I do not agree to the order requested, but I would agree to: _____

(Specify your reasons in item 25, page 5, of this form.)

24 **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.



Clerk stamps date here when form is filed.

Empty box for clerk stamping date.

Fill in court name and street address:

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

Court fills in case number when form is filed.

Case Number:

1 Protected Person

Name: _____

2 Restrained Person

a. Your Name: _____

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

Name: _____ State Bar No.: _____

Firm Name: _____

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

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

E-Mail Address: _____

3 To the Restrained Person:

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

4 To Law Enforcement

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

The firearms listed in 6 were turned in on:

Date: _____ at: _____ a.m. p.m.

To: _____
Name and title of law enforcement agent

Name of law enforcement agency

Address

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

Signature of law enforcement agent

5 To Licensed Gun Dealer

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

The firearms listed in 6 were

sold to me transferred to me for storage on:

Date: _____ at: _____ a.m. p.m.

To: _____
Name of licensed gun dealer

License number Telephone

Address

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

Signature of law enforcement agent



6 Firearms

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

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

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

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

If yes, check one of the boxes below:

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

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

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

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

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

Date: _____

Type or print your name

 _____
Sign your name

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name): In Pro Per	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF Stanislaus STREET ADDRESS: 1100 I Street MAILING ADDRESS: P. O. Box 1098 CITY AND ZIP CODE: Modesto, CA 95353 BRANCH NAME:	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/CLAIMANT:	
INCOME AND EXPENSE DECLARATION	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/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER 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	\$ _____	_____
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: RESPONDENT/DEFENDANT: OTHER 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) \$ _____ 0</p> <p>q. Other (specify) :\$ _____</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>r. TOTAL EXPENSES (a-q) (do not add in the amounts in a(1)(a) and (b)) \$ _____ 0</p> </div> <p>s. Amount of expenses paid by others \$ _____</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 OF ATTORNEY) ► _____ (SIGNATURE OF ATTORNEY)

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER 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 <i>(specify)</i> : | | |

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

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

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

DV-250

Proof of Service by Mail

Clerk stamps date here when form is filed.

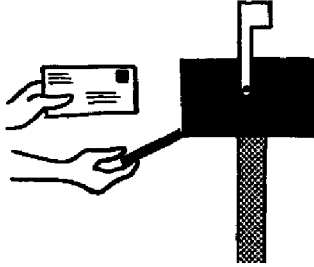
1 Name of Person Asking for Protection:

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 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.



Fill in court name and street address:

Superior Court of California, County of STANISLAUS
 1100 I Street
 PO BOX 1098
 Modesto, CA 95353
 Family Law Division

Fill in case number:

Case Number:

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

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

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