

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

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

**What are the legal requirements?**

A Domestic Violence Restraining Order is available if:

- A person has been abused or threatened with abuse and
- The person who was abused has a certain relationship with the person who did the abuse (married, divorced, separated, registered domestic partnership, have a child together, dating or used to date, live together or used to live together as more than just roommates), or are closely related (mother or mother-in-law, father or father-in-law, child or stepchild, grandparent or grandparent-in-law, grandchild or grandchild-in-law, sister or sister-in-law, brother or brother-in-law, stepparent, daughter-in-law or son-in-law). (See Family Code § 6211).

**What is abuse?**

Abuse means to intentionally or recklessly cause or attempt to cause bodily injury to the protected person; or sexually assault the protected person; or to place the protected person or another person in reasonable fear of imminent serious bodily injury; or to molest, attack, hit, stalk, threaten, batter, harass, telephone, or contact the protected person; or to disturb the protected person's peace; or to destroy the protected person's personal property. Abuse can be spoken, written, or physical.

**What if the legal requirements are not met?**

There are other kinds of orders that might apply:

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

**What can a restraining order do?**

The court can order the restrained person to:

- Not contact or harm the protected person, including children listed as protected people
- Stay away from all protected people
- Not have any guns or ammunition
- Move out of the house
- Follow child custody and visitation orders
- Pay child support
- Pay spousal support
- Obey property orders

**How do I tell my side of the story?**

File Form DV-120, *Response to Request for Domestic Violence Restraining Order*, before the hearing date. Also, have someone mail it to the person who asked for the order or to the person's lawyer. This is "Service." The person who mails it must fill out and sign a *Proof of Service by Mail* (Form DV-250). File the *Proof of Service* with the court clerk. Keep a copy. Then, bring a copy of your response on Form DV-120, and the filed *Proof of Service* (Form DV-250), to the hearing.

**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.

**How long does the order last?**

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

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

No.

**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 it is in effect. If you have a gun or other firearm in your immediate possession or control, you must sell it to a licensed gun dealer or turn it in to a law enforcement agency. Read Form DV-800-INFO, *How Do I Turn In or Sell My Firearms?*

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

The police can arrest you. You can go to jail and/or pay a fine.

**Should I go to the court hearing?**

If you do not go to court, the judge can make the orders without hearing from you. If you object to the orders being made, go to court on the hearing date listed on page 1 of Form DV-109, *Notice of Court Hearing*.

**3 Notice of Court Hearing**  
A court hearing is scheduled

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

**What if the person seeking protection contacts me?**

No matter what, you have to follow the court order. The order only says what you can do or cannot do.

**Will I see the person seeking protection at the court hearing?**

If the protected person comes to the hearing, you will see him or her. Do not talk to the protected person unless the judge or that person's lawyer says you can.

**Do I need a lawyer?**

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

**Can I bring a witness or other document to the court hearing?**

Yes. You can bring witnesses or documents that support your case to the hearing. The judge may or may not let a witness speak at the hearing. So you should also bring copies of the witnesses' written statements of what they saw or heard, signed under penalty of perjury, and provide the other party and the judge with a copy. Your witness can use Form MC-030, *Declaration*, to write a statement.

**If we agree, can the person seeking protection and I cancel the order?**

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

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

When you file your papers, ask the clerk if a court interpreter is available. If an interpreter is not available for your court date, 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 do not have a green card?**

The order is valid even if you are not a U.S. citizen. If you are worried about deportation, talk to an immigration lawyer.

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

No. These forms will not end your marriage or registered domestic partnership. You must file other forms to end your marriage or registered domestic partnership. The court staff can tell you where to get legal help.

**What if I have children with the person to be protected?**

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 limits. There are some exceptions. Ask a lawyer.

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

You must still comply with the restraining order. The restraining order is valid anywhere in the United States.

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

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

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

Ask the court clerk about free or low-cost legal help.  
For a referral to a local domestic violence or legal assistance program, call the National Domestic Violence Hotline:

**1-800-799-7233**

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

It's free and private.

They can help you in more than 100 languages.

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

[Local information may be inserted]



Clerk stamps date here when form is filed.

**1 Name of Person Asking for Protection:**(See Form DV-100, item ①):  
\_\_\_\_\_**2 Your Name:**  
\_\_\_\_\_

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

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

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

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

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

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

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

E-Mail Address: \_\_\_\_\_

Fill in court name and street address:

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

Fill in case number:

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

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

**The judge will consider your Response at the hearing.**Write your hearing date, time, and place from Form DV-109, *Notice of Court Hearing*, item ③ here:**Hearing Date**

→ Date: \_\_\_\_\_ Time: \_\_\_\_\_

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

**You must obey the orders in Form DV-110, *Temporary Restraining Order*, until the hearing.** At the hearing, the court may make restraining orders against you that could last up to 5 years and could be renewed.**4  Relationship to Person Asking for Protection**

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

**5  Other Protected People**

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

**6  Personal Conduct Order**

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

**This is not a Court Order.**

**7**  **Stay-Away Orders**

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

**8**  **Move-Out Order**

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

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

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

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

**10**  **Record Unlawful Communications Order**

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

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

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

**12**  **Child Custody and Visitation Order**

- a.  I agree to the order requested.  
 b.  I do not agree to the order requested. (*Specify your reasons in item 23, page 4 of this form.*)  
 c.  I am not the parent of the child listed in Form DV-105, *Request for Child Custody and Visitation Orders*.  
 d.  I ask for the following custody order (*specify*):

- \_\_\_\_\_
- e.  I do  I do not agree to the orders requested to limit the child's travel as listed in Form DV-108,  
*Request for Order: No Travel with Children.*

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

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

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

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

**This is not a Court Order.**



- 14**  **Property Control Order**
- a.  I agree to the order requested.
- b.  I do not agree to the order requested. *(Specify your reasons in item 23, page 4 of this form.)*
- 15**  **Debt Payment Order**
- a.  I agree to the order requested.
- b.  I do not agree to the order requested. *(Specify your reasons in item 23, page 4 of this form.)*
- 16**  **Property Restraint Order**
- a.  I agree to the order requested.
- b.  I do not agree to the order requested. *(Specify your reasons in item 23, page 4 of this form.)*
- 17**  **Spousal Support Order**
- a.  I agree to the order requested.
- b.  I do not agree to the order requested. *(Specify your reasons in item 23, page 4 of this form.)*  
*Whether or not you agree, you must fill out, serve, and file Form FL-150, Income and Expense Declaration.*
- 18**  **Lawyer's Fees and Costs**
- a.  I agree to the order requested.
- b.  I do not agree to the order requested. *(Specify your reasons in item 23, page 4 of this form.)*
- c.  I request the court to order payment of my lawyer's fees and costs.  
*Whether or not you agree, you must fill out, serve, and file Form FL-150, Income and Expense Declaration.*
- 19**  **Payments for Costs and Services**
- a.  I agree to the order requested.
- b.  I do not agree to the order requested. *(Specify your reasons in item 23, page 4 of this form.)*
- 20**  **Batterer Intervention Program**
- a.  I agree to the order requested.
- b.  I do not agree to the order requested. *(Specify your reasons in item 23, page 4 of this form.)*
- 21**  **Other Orders** *(see item 21 on Form DV-100)*
- a.  I agree to the order requested.
- b.  I do not agree to the order requested. *(Specify your reasons in item 23, page 4 of this form.)*
- 22**  **Out-of-Pocket Expenses**
- I ask the court to order payment of my out-of-pocket expenses because the temporary restraining order was issued without enough supporting facts. The expenses are:
- Item: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Item: \_\_\_\_\_ Amount: \$ \_\_\_\_\_
- You must fill out, serve, and file Form FL-150, Income and Expense Declaration.*

**This is not a Court Order.**



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

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

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

Lined area for providing reasons for not agreeing to the orders requested.

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

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

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

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

▶ \_\_\_\_\_  
*Sign your name*

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

\_\_\_\_\_  
*Lawyer's name, if you have one*

▶ \_\_\_\_\_  
*Lawyer's signature*

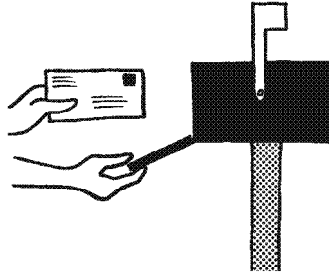
**This is not a Court Order.**

Clerk stamps date here when form is filed.

**1** Name of Person Asking for Protection: \_\_\_\_\_**2** Name of Person to Be Restrained: \_\_\_\_\_**3** Notice to Server

The server must:

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



Fill in court name and street address:

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

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



ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):    TELEPHONE NO.: E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name):	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b>  STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/CLAIMANT:	
<b>INCOME AND EXPENSE DECLARATION</b>	CASE NUMBER:

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

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

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

**(If you have more than one job, attach an 8½-by-11-inch sheet of paper and list the same information as above for your other jobs. Write "Question 1—Other Jobs" at the top.)**

**2. Age and education**

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

**3. Tax information**

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

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

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

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

Date:

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

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="margin-left: 20px;">If mortgage:</p> <p style="margin-left: 40px;">(a) average principal: \$ _____</p> <p style="margin-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 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)*:**



PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	CASE NUMBER:
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10. My estimate of the other party's gross monthly income (*before taxes*) is ..... \$ \_\_\_\_\_
11. My current spouse's monthly income (*before taxes*) is ..... \$ \_\_\_\_\_
12. Other information I want the court to know concerning child support in my case (*attach extra sheet with the information*).
13.  I am attaching a copy of page 3 of form FL-150, *Income and Expense Declaration* showing my expenses.

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)
		<input type="checkbox"/> PETITIONER/PLAINTIFF <input type="checkbox"/> RESPONDENT/DEFENDANT

### INSTRUCTIONS

**Step 1: Are you eligible to use this form?** *If your answer is YES to any of the following questions, you may NOT use this form:*

- Are you asking for spousal support (alimony) or a change in spousal support?
- Is your spouse or former spouse asking for spousal support (alimony) or a change in spousal support?
- Are you asking the other party to pay your attorney fees?
- Is the other party asking you to pay his or her attorney fees?
- Do you receive money (income) from any source other than the following?
  - Welfare (such as TANF, GR, or GA)
  - Interest
  - Salary or wages
  - Workers' compensation
  - Disability
  - Social security
  - Unemployment
  - Retirement
- Are you self-employed?

If you are eligible to use this form and choose to do so, you do not need to complete the *Income and Expense Declaration* (form FL-150). Even if you are eligible to use this form, you may choose instead to use the *Income and Expense Declaration* (form FL-150).

**Step 2: Make 2 copies of each of your pay stubs for the last two months.** If you received money from other than wages or salary, include copies of the pay stub received with that money.

Privacy notice: If you wish, you may cross out your social security number if it appears on the pay stub, other payment notice or your tax return

**Step 3: Make 2 copies of your most recent federal income tax form.**

**Step 4: Complete this form with the required information.** Type the form if possible or complete it neatly and clearly in black ink. If you need additional room, please use plain or lined paper, 8½-by-11", and staple to this form.

**Step 5: Make 2 copies of each side of this completed form and any attached pages.**

**Step 6: Serve a copy on the other party.** Have someone other than yourself mail to the attorney for the other party, the other party, and the local child support agency, if they are handling the case, 1 copy of this form, 1 copy of each of your stubs for the last two months, and 1 copy of your most recent federal income tax return.

**Step 7: File the original with the court.** Staple this form with 1 copy of each of your pay stubs for the last two months. Take this document and give it to the clerk of the court. Check with your local court about how to submit your return.

**Step 8: Keep the remaining copies of the documents for your file.**

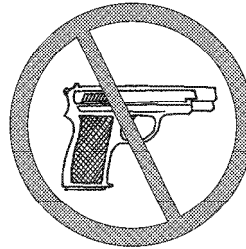
**Step 9: Take the copy of your latest federal income tax return to the court hearing.**

**It is very important that you attend the hearings scheduled for this case. If you do not attend a hearing, the court may make an order without considering the information you want the court to consider.**

**1 What is a firearm?**

A firearm is a

- Handgun
- Shotgun
- Rifle
- Assault Weapon

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

- Turn it in to local law enforcement *or*
- Sell it to a licensed gun dealer

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

Find a licensed gun dealer in your area.

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

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

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

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

Ask the law enforcement agency.

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

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

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

You may have to pay the agency for keeping your firearm.

Contact your local law enforcement agency and ask if a fee is charged. The agency will tell you how much you need to pay.

**8 Questions?**

Call your local law enforcement agency:

*[insert local information here]*

**DO:**

- unload your firearm.
- put your firearm in the trunk.
- leave firearm in the trunk until told what to do by law enforcement
- call ahead to the police department

**DO NOT:**

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



Clerk stamps below when form is filed.

Court name and street address:

**Superior Court of California, County of**

**Case Numbers:**

**1** Protected person's name:  
\_\_\_\_\_

**2** Your name (restrained person):  
\_\_\_\_\_

Your address (*skip this if you have a lawyer*): (*If you want your address to be private, give a mailing address instead*):  
\_\_\_\_\_

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

Your phone # (*optional*): (\_\_\_\_\_) \_\_\_\_\_

Your lawyer (*if you have one*): (*Name, address, phone #, and State Bar #*):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3 To the person selling or turning in firearms:**

When you sell or turn in your firearms, ask law enforcement or the gun dealer to complete item **4** or **5** and item **6**. After the form is signed, take it to the court clerk. Keep a copy. For help, read Form DV-810.

**4 To: Law Enforcement**

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

The firearms listed below were turned in on:

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

To: \_\_\_\_\_  
*Name and title of law enforcement agent*

\_\_\_\_\_  
*Name of law enforcement agency*

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

➤ \_\_\_\_\_  
*Signature of law enforcement agent*

**5 To: Licensed Gun Dealer**

Fill out parts **5** and **6** of this form. Keep a copy and give the original to the person who sold the firearms to you.

The firearms listed below were sold on:

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

To: \_\_\_\_\_  
*Name of licensed gun dealer*

\_\_\_\_\_  
*License number* (\_\_\_\_\_) \_\_\_\_\_  
*Telephone*

\_\_\_\_\_  
*Address*

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

➤ \_\_\_\_\_  
*Signature of licensed gun dealer*

**6 Firearm Make**

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

**Model**

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**Serial #**

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Check here if more firearms. Attach a sheet of paper and write "DV-800, Item 6 — Firearms Turned In or Sold" at the top. Include make, model and serial # for all other firearms.

