

# Petition for Family Abuse Protection Order and Temporary Restraining Order

1. Your name (person asking for protection):

\_\_\_\_\_

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 telephone number *(optional)*: ( \_\_\_\_ ) \_\_\_\_\_

Your lawyer or advocate *(if you have one): (Name, address, telephone number, and State Bar number):*

Describe abuse: \_\_\_\_\_

Check here if you need more space. Attach sheet and write "DV-1, item 1" at the top.

2. Name of person you want protection from:

\_\_\_\_\_

Describe the person: Sex:  M  F Weight: \_\_\_\_\_

Height: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

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

Home Address *(if you know)*: \_\_\_\_\_

3. Besides you, who needs protection? *(Family or household members)*

Full Name	Sex	Age	Lives with you?	How are they related to you?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

\_\_\_\_\_

\_\_\_\_\_

Check here if you need more space. Attach sheet and write "DV-1, Item 3---Describe Protected Persons" at the top of the page.

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

a.  We are now married or registered domestic partners.

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

c.  We live together.

d.  We used to live together.

e.  We are relatives, in-laws, or related by adoption (specify relationship): \_\_\_\_\_

f.  We are dating or used to date.

g.  We are engaged to be married or were engaged to be married.

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

Child's name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Child's name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Child's name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Check here if you need more space, attach a sheet of paper, write "DV-1, Item 4h" at the top of the page.

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

Clerk stamps date here when form is filed.

Chemehuevi Indian Tribal Court  
1900 Palo Verde Drive  
Havasu Lake, CA 92363

Case Number:

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

**Case Number:**

**5. Other Court Cases**

a. Have you and the other person in (2) been involved in another court case?  No  Yes

If yes, where: County or Tribe: \_\_\_\_\_ State: \_\_\_\_\_

What are the case numbers? (If you know): \_\_\_\_\_

What kind of case? (Check all that apply):

Registered Domestic Partnership  Divorce/Dissolution  Parentage/Paternity  Legal Separation

Domestic Violence  Criminal  Juvenile  Child Support  Nullity  Civil Harassment

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

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

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

**Check the orders you want**

**6.  Personal Conduct Order**

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

a.  Harass, attack, strike, threaten, assault (sexually or otherwise), hit, follow, stalk, destroy personal property, keep under surveillance, or block movement

b.  Contact (either directly or indirectly), or telephone, or send messages, or mail, or e-mail.

**7.  Stay-Away Order**

I ask the court to order the person in (2) to stay at least (specify) \_\_\_\_\_ yards away from me and the people listed in (3) and the places listed below: (Check all that apply):

a.  My home

d.  My vehicle

b.  My job or workplace

e.  Other (specify): \_\_\_\_\_

c.  My children's school or child care \_\_\_\_\_

If the court orders the person in to stay away from all the places listed above, will that person still be able to get to his or her home, school, or job?  Yes  No

If no, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**8.  Move-Out Order**

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

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

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

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

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

Case Number:

**9.  Child Custody, Visitation, and Child Support**

I ask the court to order child custody, visitation, and/or child support. *You must fill out and attach Request DV-A and -B.*

**10.  Spousal Support**

*You can make this request only if you are married to, or are a registered domestic partner of, the person in (2) and no spousal support order exists. To ask for spousal support, you must fill out, file, and serve Request DV-B before your hearing.*

**11.  Record Unlawful Communications**

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

**12.  Property Control**

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

**13.  Animals: Possession and Stay-Away Order**

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

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

**14.  Debt Payment**

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

*Check here if you need more space. Attach extra sheet and write “DV-1, Item 14-Debt Payment” by your Statement*

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

**15.  Property Restraint**

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

**16.  Property Restraint**

I ask that the person in (2) pay some or all of my attorney fees and costs.  
*You must complete and file Form-A, Income and Expense Declaration.*

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

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

**17.  Payments for Costs and Services**

I ask that the person in (2) pay the following:

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

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

**18.  Batterer Intervention Program**

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

**19. No Fee to Serve (Notify) Restrained Person**

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

**20.  More Time for Notice**

I need extra time to notify the person in (2) about these papers. Because of the facts explained on this form, I want

The papers served up to \_\_\_\_\_ days before the date of the hearing. *For help, read Form DV-210-INFO.*

*If necessary, add additional facts:* \_\_\_\_\_  
\_\_\_\_\_

**21.  Other Orders**

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

*Check here if you need more space. Attach Form MC-020 and write "DV-100, Item 21-Other Orders" by your Statement.*

**22. Guns or Other Firearms**

I believe the person in (2) owns or possesses guns or firearms.  Yes  No  I don't know

*If the judge approves the order, the person in (2) will be required to sell to a gun dealer or turn in to police any guns or firearms that he or she owns or possesses.*

**23. Describe the most recent abuse.**

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

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

c. What did the person in (2) do or say that made you afraid?

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

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

<b>Case Number:</b>
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d. Describe any use or threatened use of guns or other weapons: \_\_\_\_\_  
\_\_\_\_\_

e. Describe any injuries? \_\_\_\_\_  
\_\_\_\_\_

f. Did the police come out?  Yes  No

If yes, did they give you an Emergency Protective Order?  Yes  No  I don't know

*Attach a copy if you have one.*

*Check here if you need more space. Attach Sheet and write "DV-1, Item 23-Recent Abuse" by your Statement.*

*Check here if the person in (2) has abused you (or your children) other times. Use Form DV-101 or Form MC-020 to describe any previous abuse.*

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*