

DOMESTIC VIOLENCE RESTRAINING ORDER

FORMS ARE AVAILABLE AT WWW.SUTTERCOURTS.COM OR WWW.COURTS.CA.GOV

Submit the following forms together as one document. They are your request for a Domestic Violence Restraining Order.

DV-100: Request for Domestic Violence Restraining Order

DV-101: Description of Abuse

Make sure you complete all of the above documents completely, accurately, and be specific with your request.

When filing a request for a Domestic Violence Restraining Order, the court can issue a temporary order based on the information you submit in your request. Therefore, it is important to be specific and detailed with the information you are providing, especially in the description of abuse section (#25).

If the Court grants your request for a temporary restraining order, this order will remain in effect until your court date which will be set no more than 21 calendar days later.

You will be provided with 3 certified copies. You will take 2 of the certified copies to the Sheriff's Department for service and you will keep a copy for yourself.

If the Court denies your request for temporary orders, you will still have a court date. At the court date, the court can terminate the temporary orders (if they were granted), make the temporary orders into long term orders, and/or make additional orders that the Court sees fit.

Additional forms:

For the following forms, only complete the sections as directed in the instructions. These forms will also need to be submitted with your Request for Domestic Violence Restraining Order.

DV-109: Notice of Court Hearing

DV-110: Temporary Restraining Order

CV-02: Declaration Re: Notice of Ex-Parte Application for Order (Sutter County Optional Form)

You are required to give notice to the other person that you are seeking ex parte orders. You may use Sutter County's optional form, Declaration Re: Notice of Ex Parte Application for Order (CV-02), to meet this requirement.

****Please read the additional general information provided.***

**SUPERIOR COURT OF CALIFORNIA
COUNTY OF SUTTER**
FAMILY LAW FACILITATOR

FAMILY LAW INFORMATION CENTER

(530) 822-3305

Revised 01/01/2021

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

1 Name of Person Asking for Protection:

Age: _____

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

Name: _____ State Bar No.: _____

Firm Name: _____

Address (If you have a lawyer for this case, give your lawyer's information. If you do not have a lawyer and want to keep your 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: _____

2 Name of Person You Want Protection From:

Description of person you want protection from:

Sex: M F Height: _____ Weight: _____

Race: _____

Address (if known): _____

City: _____ State: _____ Zip: _____

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

If yes, list them:

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

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

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

- a. We are now married or registered domestic partners.
- b. We used to be married or registered domestic partners.
- c. We live together.
- d. We used to live together.
- e. We are related by blood, marriage, or adoption (specify relationship): _____
- f. We are dating or used to date, or we are or used to be engaged to be married.
- g. We are the parents together of a child or children under 18:

Child's Name: _____	Date of Birth: _____
Child's Name: _____	Date of Birth: _____
Child's Name: _____	Date of Birth: _____
- Check here if you need more space. Attach a sheet of paper and write "DV-100, Additional Children" for a title.
- h. We have signed a Voluntary Declaration of Paternity for our child or children. (Attach a copy if you have one).

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

This is not a Court Order.



Clerk stamps date here when form is filed.

**COMPLETE
#1 & #2
ONLY****1 Name of Person Asking for Order:**

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

Name: State Bar No.: Firm Name:

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

Address: City: State: Zip: Telephone: Fax: E-Mail Address:

Fill in court name and street address:

Superior Court of California, County of

Court fills in case number when form is filed.

Case Number:

2 Name of Person to Be Restrained:*The court will fill out the rest of this form.***3 Notice of Hearing**A court hearing is scheduled on the request for restraining orders against the person in **2**:

Hearing Date	→ Date: <input type="text"/>	Time: <input type="text"/>	Name and address of court if different from above: <input type="text"/> <input type="text"/>
	Dept.: <input type="text"/>	Room: <input type="text"/>	

4 Temporary Restraining Orders (Any orders granted are attached on form DV-110.)a. Temporary Restraining Orders for personal conduct and stay-away orders as requested in form DV-100, *Request for Domestic Violence Restraining Order*, are (check only one box below):

- (1) All **GRANTED** until the court hearing.
- (2) All **DENIED** until the court hearing. (Specify reasons for denial in b, below.)
- (3) Partly **GRANTED** and partly **DENIED** until the court hearing. (Specify reasons for denial in b, below.)

b. Reasons for denial of some or all of those personal conduct and stay-away orders as requested in form DV-100, *Request for Domestic Violence Restraining Order*, are:

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



DV-110

Temporary Restraining Order

Clerk stamps date here when form is filed.

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

① Name of Protected Person:

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

Name: _____ State Bar No.: _____

Firm Name: _____

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

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

E-mail Address: _____

**COMPLETE
#1, #2 & #3 ONLY**

Superior Court of California, County of _____

Court fills in case number when form is filed.

Case Number: _____

② Name of Restrained Person:

Description of restrained person:

Sex: M F Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

Race: _____ Age: _____ Date of Birth: _____

Address (if known): _____

City: _____ State: _____ Zip: _____

Relationship to protected person: _____

③ Additional Protected Persons

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

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

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

The court will complete the rest of this form.

④ Court Hearing

This order expires at the end of the hearing stated below:

Hearing Date: _____ Time: _____ a.m. p.m.

This is a Court Order.



Name, Address, & Telephone #

YOUR NAME
YOUR STREET ADDRESS
YOUR CITY, STATE, and ZIP CODE
TELEPHONE #

Attorney for: WRITE "IN PRO PER"

SUPERIOR COURT OF CALIFORNIA, COUNTY OF SUTTER

Petitioner:

Case No.: COURT CASE NUMBER

vs.

FILL THE PARTY NAMES OUT
EXACTLY AS THEY APPEAR ON
YOUR OTHER DOCUMENTS

DECLARATION RE: NOTICE OF EX
PARTE APPLICATION FOR ORDER
(CRC, Rule 3.1204) (FC 6300)

Respondent:

_____ /

I YOUR NAME am the party/attorney for the party seeking an ex-parte/hearing or order
without a hearing: (Insert type of order) TEMPORARY RESTRAINING ORDER.

CHECK ONE (Use the reverse side of the form if necessary)

() I gave the following notice to the above-named individual that I would be asking for this ex parte order
(state exactly what you said and when you said it):

WRITE DOWN THE EXACT DATE, TIME, HOW YOU CONTACTED THE
OTHER PARTY, AND EXACTLY WHAT YOU SAID TO THEM.

() I have made a reasonable and good faith effort to notify the above-named individual of my intent to
apply for an ex parte order, but have been unsuccessful. My attempts to notify that individual have consisted of
the following (state exactly what attempts you made and when you made them):

SELECT ONE OF THE THREE
OPTIONS. CHECK THE BOX THAT
APPLIES TO YOU AND YOUR
SITUATION AND COMPLETE THE
INFORMATION REQUESTED.

WRITE DOWN EXACTLY HOW YOU TRIED TO NOTIFY THE OTHER PARTY.
GIVE THE EXACT DATES, TIMES, AND HOW YOU TRIED TO REACH THEM.

() I have not made any attempt to notify that above-named individual of the application for an ex-parte
order because I believe such notice would be inappropriate or impractical, or would result in irreparable injury.
These are the detailed reasons for not giving such notice:

WRITE DOWN WHY YOU CANNOT NOTIFY THE OTHER PARTY. TELL THE COURT WHAT
TYPE OF IRREPARABLE HARM WOULD OCCUR IF THE OTHER PARTY WAS NOTIFIED.

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

Dated: DATE

PRINT YOUR NAME

SIGN YOUR NAME

Print Name

Signature

THIS FORM MUST BE TYPED OR PRINTED IN BLUE OR BLACK INK

EX PARTE APPLICATION DECLARATION

Form: Ex Parte CRC 3.1204 (1/09)