

ATTORNEY OR PARTY WITHOUT ATTORNEY: _____ STATE BAR NO: _____ NAME: _____ FIRM NAME: _____ STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____ TELEPHONE NO.: _____ FAX NO.: _____ E-MAIL ADDRESS: _____ ATTORNEY FOR (name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: _____ MAILING ADDRESS: _____ CITY AND ZIP CODE: _____ BRANCH NAME: _____	
CHILD'S NAME: _____	CASE NUMBER: _____ JUVENILE: _____ FAMILY: _____
REQUEST FOR RESTRAINING ORDER—JUVENILE	RELATED CASES (if any): _____

1. Person or persons needing protection

Full Name	Age	Relationship to child
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2. Person to be restrained

Full Name: _____					
Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Height: _____	Weight: _____	Hair Color: _____	Eye Color: _____	
Race: _____	Age: _____		Date of Birth: _____		

3. The child is (check all that apply)

- a. a dependent of the court under Welfare and Institutions Code section 300.
- b. the subject of a petition that has been filed in this court under Welfare and Institutions Code section 300.
- c. a ward of the court under Welfare and Institutions Code section 601.
- d. a ward of the court under Welfare and Institutions Code section 602.
- e. the subject of a petition that has been filed in this court under Welfare and Institutions Code section 601.
- f. the subject of a petition that has been filed in this court under Welfare and Institutions Code section 602.

4. Petitioner is the

- | | |
|---|---|
| a. <input type="checkbox"/> mother.
b. <input type="checkbox"/> father.
c. <input type="checkbox"/> child.
d. <input type="checkbox"/> guardian.
e. <input type="checkbox"/> social worker.
f. <input type="checkbox"/> probation officer. | g. <input type="checkbox"/> present caregiver of child.
h. <input type="checkbox"/> court-appointed special advocate.
i. <input type="checkbox"/> representative of Indian child's tribe.
j. <input type="checkbox"/> other (state interest or relationship to child): _____ |
|---|---|

CHILD'S NAME:	CASE NUMBER:
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5. The person to be restrained has *(check at least one box)*

- a. assaulted or attempted to assault one or more of the persons to be protected.
- b. caused, threatened, or attempted bodily injury on one or more of the persons to be protected.
- c. caused one or more of the persons to be protected to fear physical or emotional harm.
- d. sexually assaulted or attempted to sexually assault one or more of the persons to be protected.
- e. stalked one or more of the persons to be protected.
- f. other *(specify)*:

6. **Description of conduct** *(describe in detail the most recent incidents supporting this application, or attach copies of reports of law enforcement officers):*

Check here if there is not enough space for your answer. Put your complete description on an attached piece of paper and write "Attachment 6" as a title. Number of pages attached: _____

7. A criminal protective order on form CR-160 is in effect against the person sought to be restrained:
- a. Case number: _____ expiration date: _____
 - b. County *(if known)*: _____
 - c. Person protected by order: _____
 - d. Person restrained by order: _____

CHILD'S NAME:

CASE NUMBER:

8. Requested orders

- a. Restrained person must not harass, molest, attack, strike, stalk, threaten, sexually assault, batter, destroy the personal property of, or disturb the peace of any person or persons named in item 1.
- b. Restrained person must not contact (either directly or indirectly), by mail or otherwise, any person named in item 1.
- (1) except for brief and peaceful contact as required for court-ordered visitation of children, unless a criminal protective order says otherwise
- (2) except for peaceful written contact through a process server or another person to serve legal papers related to a court case
- c. Restrained person must move immediately from (*address*):
- and take only personal clothing and effects.
- d. Restrained person must stay at least (*specify*): _____ yards away from the following persons and places (*the addresses of these places are optional and may be kept confidential*):
- (1) Protected persons named in item 1.
- (2) The residence of the person or people listed in item 1 (*address optional*):
- (3) The workplace of the person or people listed in item 1 (*address optional*):
- (4) Child's school or place of child care (*address optional*):
- (5) The vehicle of the person or people listed in item 1 (*description optional*):
- (6) Other (*specify*): _____
(*address optional*): _____
- e. Restrained person must not take any action to get the address or location of any person named in item 1 or the addresses or locations of the family members, caregivers, or guardians of any persons named in item 1. (*If this box is not checked, the court has found good cause not to make this order.*) Peaceful written contact through a lawyer or through a process server or another person in order to serve legal papers is allowed and does not violate this order.
- f. Restrained person must sell or give up any firearms that he or she has or controls for a period not to exceed the duration of the restraining order. Describe in item 6 any use of or threat regarding use of firearms. Petitioner believes the restrained person has the following firearms (*specify*):
- g. The child is a ward or the subject of a petition under Welfare and Institutions Code section 601 or 602 and must not contact, threaten, stalk, or disturb the peace of (*list names*):
- h. Possession and protection of animals
- (1) Protected person (*name*): _____ is given sole possession, care, and control of the following animals (*identify animals by, e.g., type, breed, name, color, sex*):
- I ask for the animals to be with the person listed above because (*specify*):
- (2) Restrained person must stay at least _____ yards away from—and not take, sell, transfer, encumber, conceal, molest, attack, strike, threaten, harm, or otherwise dispose of—the animals listed above.

CHILD'S NAME:	CASE NUMBER:
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8. i. Other requested orders:

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

Date:

(TYPE OR PRINT NAME)

 _____
(SIGNATURE OF PETITIONER)