

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO. (Optional): _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY DRAFT 9 06/12/09 XYZ Not Approved by the Judicial Council
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
CHILD'S NAME:	CASE NUMBERS: JUVENILE: FAMILY:
REQUEST FOR RESTRAINING ORDER— JUVENILE DEPENDENCY	RELATED CASES (if any):

1. Persons to be protected (List full names and ages of all persons to be protected; also list relationship to child in item 3):

<u>Name</u>	<u>Sex</u>	<u>Age</u>	<u>Relationship to child</u>
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2. a. Person to be restrained (full name):

b. DESCRIPTION:

Sex: M F Ht.: _____ Wt.: _____ Hair color: _____ Eye color: _____ Race: _____ Age: _____ Date of birth: _____

3. The child is

- a. a dependent of the court under Welfare and Institutions Code section 300; or
- b. the subject of a petition that has been filed in this court under Welfare and Institutions Code section 300.

4. Petitioner is the

- | | |
|---|---|
| <ul style="list-style-type: none"> 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. | <ul style="list-style-type: none"> 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): |
|---|---|

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):

as described in item 6
 as described in attached report by: police officer social worker probation officer
 other

CASE NAME: _____	CASE NUMBERS: JUVENILE: FAMILY:
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6. **Description of conduct** (*describe in detail the most recent incidents supporting this request or attach copies of reports of law enforcement officers, social workers, probation officers, or other professional persons*):

7. A criminal protective order on Form CR-160 is in effect:

a. case number (*specify*): _____ (*expiration date*): _____

b. specify county (*if known*): _____

c. Person protected by order: _____

d. Person restrained by order: _____

8. **Requested personal conduct orders**

- a. Restrained person must not harass, molest, attack, strike, threaten, assault (sexually or otherwise), hit, follow, stalk, destroy the personal property of, disturb the peace of, keep under surveillance, or block movements of any person named in item 1.
- b. Restrained person must not contact (either directly or indirectly), or telephone, or send messages, mail, or e-mail to 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) Protected person's residence (*address optional*): _____
 - (3) Protected person's place of work (*address optional*): _____
 - (4) The child's school or place of child care (*address optional*): _____
 - (5) Protected person's vehicle (*description optional*): _____
 - (6) Other (*specify*): _____
(*address optional*): _____

CASE NAME: _____	CASE NUMBERS: JUVENILE: FAMILY:
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e. Restrained person must not take any action to get the address or location of any person named in item 3 or the addresses or locations of the family members, caregivers, or guardians of any persons named in item 3. *(If item e 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. 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)