

# DV-120-INFO How Can I Respond to a Request for Domestic Violence Restraining Order?

## What is a Domestic Violence Restraining Order?

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

Abuse can be physical or emotional. It can be spoken or written.

## What does the order do?

The court can order you to:

- Not contact or harm the protected person, including children or others listed as protected people
- Stay away from all protected people
- Not have any guns or ammunition
- Move out of the place that you share with the protected person
- Follow custody and visitation orders
- Pay child support
- Pay spousal support
- Obey property orders
- Follow other types of orders (listed on *Form DV-100*)

## Who can ask for a domestic violence restraining order?

The person requesting the order must have a relationship with you:

- Someone you date or used to date
- Married, registered domestic partners, separated, engaged, or divorced
- Someone you live or lived with (more than just a roommate)
- A parent, grandparent, sibling, child, or grandchild related by blood, marriage, or adoption

## I've been served with a request for domestic violence restraining order. What do I do now?

Read the papers very carefully. You must follow all the orders the judge made. The *Notice of Court Hearing* tells you when to appear in court. You should go to the hearing, if you do not agree to the orders requested. If you do not go to the hearing, the judge can make orders against you without hearing from you.

## What if I don't obey the order?

The police can arrest you. You can go to jail and pay a fine. You must still follow the orders even if you are not a U.S. citizen. If you are worried about your immigration status, talk to an immigration lawyer.

## How long does the order last?

If there is a *Temporary Restraining Order* in effect, it will last until the hearing date. At the hearing, the judge will decide whether to extend the order or cancel the order. The judge can extend the order for up to five years. Custody, visitation, child support, and spousal support orders can last longer than five years and they do not end when the restraining order ends.

## What if I don't agree with what the order says?

You still must obey the orders until the hearing. If you do NOT agree with the orders the person is asking for, fill out [Form DV-120, Response to Request for Domestic Violence Restraining Order](#). After you fill out the form, file it with the court clerk and “serve” the form on the person asking for the restraining order. “Serve” means to have someone 18 years or older—**not you**—mail a copy to the other party. The person who serves your form must fill out [Form DV-250, Proof of Service by Mail](#). After Form DV-250 is completed, make sure it is filed with the court clerk. You will also have a chance at the hearing to tell your side of the story. For more information on how to prepare for the hearing, read [Form DV-520-INFO, Get Ready for the Restraining Order Court Hearing](#).

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

No.

## 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.



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## 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 the order is in effect. If you have a gun or other firearm in your immediate possession or control, you must sell it to, or store it with, a licensed gun dealer, or turn it in to a law enforcement agency. You must also prove to the court that you turned in or sold your gun. Read [Form DV-800-INFO](#), *How Do I Turn In, Sell, or Store My Firearms?*, for more information.

## Do I need a lawyer?

You are not entitled to a free court-appointed lawyer for this case but having a lawyer represent you or getting legal advice from a lawyer is a good idea, especially if you have children. If you cannot afford a lawyer, you can represent yourself. There is free or low-cost help available in every county. For help, ask the court clerk how to find free or low-cost legal services and self-help centers in your area. You can also get free help with child support at your local family law facilitator's office.

## What if I do not speak English?

When you file [Form DV-120](#), ask the court clerk if a court interpreter is available for your hearing. If an interpreter is not available, 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 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 clerks' office or go to [www.courts.ca.gov/forms](http://www.courts.ca.gov/forms) for *Request for Accommodations by Persons With Disabilities and Response* ([Form MC-410](#)). (Civ. Code, § 54.8.)

## Can I use the restraining order to get divorced or terminate a 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.

## What if I have children with the other person?

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 restrictions. There may be some exceptions. Ask a lawyer for more information.

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

You must still comply with the restraining order, including custody and visitation orders. The restraining order is valid anywhere in the United States.

## Will I see the person who asked for the order at the court hearing?

Yes. Assume that the person who is asking for the order will attend the hearing. Do not talk to him or her unless the judge or that person's attorney says that you can. Any temporary restraining order made by the court is in effect until the end of the hearing.

## What if I need a restraining order against the other person?

Do not use this form to request a domestic violence restraining order. For information on how to file your own restraining order, read [Form DV-505-INFO](#). You can also ask the court clerk about free or low-cost legal help.

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

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 a Request for Domestic Violence Restraining Order?](#)
- This form is for a response to a restraining order request. For more information about how to request your own restraining order, read [Form DV-505-INFO](#) and [Form DV-120-INFO](#) (see the section called "What if I need a restraining order against the other person?")

**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:

<b>Hearing Date</b>	→ 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 five years and could be renewed.

**4 Relationship to Person Asking for Protection**

- a.  I agree to the relationship listed in item 4 on Form DV-100.
- b.  I do not agree that the other party and I have or had the relationship listed in item 4 on Form DV-100 because: \_\_\_\_\_

**5 Other Protected People**

- a.  I agree to the order requested.
- b.  I do not agree to the order requested,  but I would agree to: \_\_\_\_\_

(Specify your reasons in item 25, page 5, of this form.)

**This is not a Court Order.**



**6**  **Personal Conduct Orders**a.  I agree to the orders requested.b.  I do not agree to the order requested,  but I would agree to: \_\_\_\_\_

\_\_\_\_\_  
(Specify your reasons in item 25, page 5, of this form.)

**7**  **Stay-Away Order**a.  I agree to the order requested.b.  I do not agree to the order requested,  but I would agree to: \_\_\_\_\_

\_\_\_\_\_  
(Specify your reasons in item 25, page 5, of this form.)

**8**  **Move-Out Order**a.  I agree to the order requested.b.  I do not agree to the order requested,  but I would agree to: \_\_\_\_\_

\_\_\_\_\_  
(Specify your reasons in item 25, page 5, of this form.)

**9**  **Guns or Other Firearms or Ammunition**

*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 section 6389(h) because  
(specify): \_\_\_\_\_c.  I have turned in my guns and firearms to law enforcement or sold them to, or stored them with, a licensed gun dealer. A copy of the receipt showing that I turned in, sold, or stored my firearms  
(check all that apply): is attached  has already been filed with the court.**10**  **Record Unlawful Communications**a.  I agree to the order requested.b.  I do not agree to the order requested,  but I would agree to: \_\_\_\_\_

\_\_\_\_\_  
(Specify your reasons in item 25, page 5, of this form.)

**11**  **Care of Animals**a.  I agree to the order requested.b.  I do not agree to the order requested,  but I would agree to: \_\_\_\_\_

\_\_\_\_\_  
(Specify your reasons in item 25, page 5, of this form.)

**This is not a Court Order.**

- 12**  **Child Custody and Visitation**
- a.  I agree to the order requested.
- b.  I do not agree to the order requested. *(Specify your reasons in item 25, page 5, 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** *(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 25, page 5, 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 [Form FL-155](#), Financial Statement (Simplified).*

- 14**  **Property Control**
- a.  I agree to the order requested.
- b.  I do not agree to the order requested,  but I would agree to: \_\_\_\_\_
- (Specify your reasons in item 25, page 5, of this form.)*

- 15**  **Debt Payment**
- a.  I agree to the order requested.
- b.  I do not agree to the order requested,  but I would agree to: \_\_\_\_\_
- (Specify your reasons in item 25, page 5, of this form.)*

- 16**  **Property Restraint**
- a.  I agree to the order requested.
- b.  I do not agree to the order requested,  but I would agree to: \_\_\_\_\_
- (Specify your reasons in item 25, page 5, of this form.)*

- 17**  **Spousal Support**
- a.  I agree to the order requested.
- b.  I do not agree to the order requested,  but I would agree to: \_\_\_\_\_
- (Specify your reasons in item 25, page 5, of this form.)*

*Whether or not you agree, you must fill out, serve, and file [Form FL-150](#), Income and Expense Declaration.*

**This is not a Court Order.**



**18**  **Rights to Mobile Device and Wireless Phone Account**

- a.  I agree to the order requested.
- b.  I do not agree to the order requested,  but I would agree to: \_\_\_\_\_

\_\_\_\_\_  
*(Specify your reasons in item 25, page 5, of this form.)*

**19**  **Insurance**

- a.  I agree to the order requested.
- b.  I do not agree to the order requested,  but I would agree to: \_\_\_\_\_

\_\_\_\_\_  
*(Specify your reasons in item 25, page 5, of this form.)*

**20**  **Lawyer's Fees and Costs**

- a.  I agree to the order requested.
- b.  I do not agree to the order requested,  but I would agree to: \_\_\_\_\_

\_\_\_\_\_  
*(Specify your reasons in item 25, page 5, 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.*

**21**  **Payments for Costs and Services**

- a.  I agree to the order requested.
- b.  I do not agree to the order requested,  but I would agree to: \_\_\_\_\_

\_\_\_\_\_  
*(Specify your reasons in item 25, page 5, of this form.)*

**22**  **Batterer Intervention Program**

- a.  I agree to the order requested.
- b.  I do not agree to the order requested,  but I would agree to: \_\_\_\_\_

\_\_\_\_\_  
*(Specify your reasons in item 25, page 5, of this form.)*

**23**  **Other Orders** *(see item 22 on Form DV-100)*

- a.  I agree to the order requested.
- b.  I do not agree to the order requested,  but I would agree to: \_\_\_\_\_

\_\_\_\_\_  
*(Specify your reasons in item 25, page 5, of this form.)*

**24**  **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.**



25  **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.

26 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.**



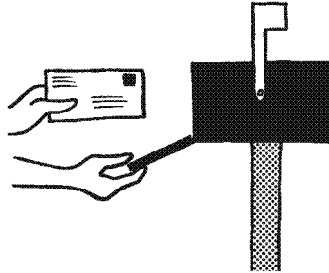


Clerk stamps date here when form is filed.

**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 <i>(specify below)</i> : . . . . .	\$ _____

**19. Special hardships.** I ask the court to consider the following special financial circumstances

	Amount per month	For how many months?
<i>(attach documentation of any item listed here, including court orders):</i>		
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)*:**

Your name and address or attorney's name and address:	TELEPHONE NO.:	<b>FOR COURT USE ONLY</b>
ATTORNEY FOR (Name):		
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b>		
STREET ADDRESS:		
MAILING ADDRESS:		
CITY AND ZIP CODE:		
BRANCH NAME:		
PETITIONER/PLAINTIFF:		
RESPONDENT/DEFENDANT:		
OTHER PARENT:		
<b>FINANCIAL STATEMENT (SIMPLIFIED)</b>		CASE NUMBER:

**NOTICE: Read page 2 to find out if you qualify to use this form and how to use it.**

1. a.  My only source of income is TANF, SSI, or GA/GR.
- b.  I have applied for TANF, SSI, or GA/GR.
2. I am the parent of the following number of natural or adopted children from this relationship \_\_\_\_\_
3. a. The children from this relationship are with me this amount of time \_\_\_\_\_ %
- b. The children from this relationship are with the other parent this amount of time \_\_\_\_\_ %
- c. Our arrangement for custody and visitation is *(specify, using extra sheet if necessary)*:
4. My tax filing status is:  single  married filing jointly  head of household  married filing separately.
5. My current gross income *(before taxes)* per month is \_\_\_\_\_ \$
- |                    |  |          |
|--------------------|--|----------|
| <b>Attach 1</b>    | This income comes from the following:  |          |
| <b>copy of pay</b> | <input type="checkbox"/> Salary/wages: Amount before taxes per month . . . . .   | \$ _____ |
| <b>stubs for</b>   | <input type="checkbox"/> Retirement: Amount before taxes per month . . . . .   | \$ _____ |
| <b>last 2</b>      | <input type="checkbox"/> Unemployment compensation: Amount per month . . . . .   | \$ _____ |
| <b>months here</b> | <input type="checkbox"/> Workers' compensation: Amount per month . . . . .   | \$ _____ |
| <b>(cross out</b>  | <input type="checkbox"/> Social security: <input type="checkbox"/> SSI <input type="checkbox"/> Other Amount per month . . . . . | \$ _____ |
| <b>social</b>      | <input type="checkbox"/> Disability: Amount per month . . . . .  | \$ _____ |
| <b>security</b>    | <input type="checkbox"/> Interest income ( from bank accounts or other): Amount per month . . . . .                              | \$ _____ |
| <b>numbers)</b>    |  |          |

I have no income other than as stated in this paragraph.
6. I pay the following monthly expenses for the children in this case:
  - a.  Day care or preschool to allow me to work or go to school \_\_\_\_\_ \$
  - b.  Health care not paid for by insurance \_\_\_\_\_ \$
  - c.  School, education, tuition, or other special needs of the child \_\_\_\_\_ \$
  - d.  Travel expenses for visitation \_\_\_\_\_ \$
7.  There are *(specify number)* \_\_\_\_\_ other minor children of mine living with me. Their monthly expenses that I pay are \_\_\_\_\_ \$
8. I spend the following average monthly amounts *(please attach proof)*:
  - a.  Job-related expenses that are not paid by my employer *(specify reasons for expenses on separate sheet)* \_\_\_\_\_ \$
  - b.  Required union dues \_\_\_\_\_ \$
  - c.  Required retirement payments (not social security, FICA, 401k or IRA) \_\_\_\_\_ \$
  - d.  Health insurance costs \_\_\_\_\_ \$
  - e.  Child support I am paying for other minor children of mine who are not living with me \_\_\_\_\_ \$
  - f.  Spousal support I am paying because of a court order for another relationship \_\_\_\_\_ \$
  - g.  Monthly housing costs:  rent or  mortgage \_\_\_\_\_ \$

If mortgage: interest payments \$ \_\_\_\_\_ real property taxes \$ \_\_\_\_\_
9. Information concerning  my current employment  my most recent employment:
 

Employer:

Address:

Telephone number:

My occupation:

Date work started:

Date work stopped *(if applicable)*: \_\_\_\_\_

What was your gross income *(before taxes)* before work stopped?: \_\_\_\_\_

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
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### 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, or store it with, a licensed gun dealer.

**3 How do I sell or store 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.
- call ahead to the law enforcement agency.

**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 date here when form is filed.

Fill in court name and street address:

**Superior Court of California, County of**

Court fills in case number when form is filed.

**Case Number:**

**1 Protected Person**

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

**2 Restrained Person**

a. Your Name: \_\_\_\_\_

Your Lawyer (if you have one for this case): \_\_\_\_\_

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

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

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

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

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

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

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

**3 To the Restrained Person:**

If the court has ordered you to turn in, sell, or store your firearms, you may use this form to prove to the court that you have obeyed its orders. When you deliver your unloaded weapons, ask the law enforcement officer or the licensed gun dealer to complete item 4 or 5 and item 6. After the form is signed, file it with the court clerk. Keep a copy for yourself. For help, read Form DV-800-INFO/JV-252-INFO, *How Do I Turn In, Sell, or Store My Firearms?*

**4 To Law Enforcement**

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

The firearms listed in 6 were turned in on:

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

To: \_\_\_\_\_

*Name and title of law enforcement agent**Name of law enforcement agency**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 law enforcement agent***5 To Licensed Gun Dealer**

Fill out items 5 and 6 of this form. Keep a copy and give the original to the person who sold you the firearms or stored them with you.

The firearms listed in 6 were

 sold to me  transferred to me for storage 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 law enforcement agent*

**6** Firearms

	<u>Make</u>	<u>Model</u>	<u>Serial Number</u>
a.	_____	_____	_____
b.	_____	_____	_____
c.	_____	_____	_____
d.	_____	_____	_____
e.	_____	_____	_____

Check here if you turned in, sold, or stored more firearms. Attach a sheet of paper and write "DV-800/JV-252, Item 6—Firearms Turned In, Sold, or Stored" for a title. Include make, model, and serial number of each firearm. You may use Form MC-025, Attachment.

**7** Do you have, own, possess, or control any other firearms besides the firearms listed in **6**?  Yes  No

If you answered yes, have you turned in, sold, or stored those other firearms?  Yes  No

If yes, check one of the boxes below:

a.  I filed a *Proof of Firearms Turned In, Sold, or Stored* for those firearms with the court on (date):

b.  I am filing the proof for those firearms along with this proof.

c.  I have not yet filed the proof for the other firearms. (explain why not):

Check here if there is not enough space below for your answer. Put your complete answer on the attached sheet of paper or Form MC-025 and write "Attachment 7c" for a title.

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

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