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| ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):<br><br>TELEPHONE NO. (Optional): _____ FAX NO. (Optional): _____<br>E-MAIL ADDRESS (Optional): _____<br>ATTORNEY FOR (Name): _____ | <b>FOR COURT USE ONLY</b>             |
| <b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b><br>STREET ADDRESS:<br>MAILING ADDRESS:<br>CITY AND ZIP CODE:<br>BRANCH NAME:  |                                       |
| CHILD'S NAME:  | CASE NUMBERS:<br>JUVENILE:<br>FAMILY: |
| <b>APPLICATION AND AFFIDAVIT FOR RESTRAINING ORDER—JUVENILE</b>  |                                       |
|  | RELATED CASES (if any):               |

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

2. Petitioner is the
- a.  mother.
  - b.  father.
  - c.  child.
  - d.  guardian.
  - e.  social worker.
  - f.  probation officer.
  - g.  present caregiver of child.
  - h.  court-appointed special advocate.
  - i.  representative of Indian child's tribe.
  - j.  other (state interest or relationship to child):

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

|             |            |   |
|-------------|------------|---|
| <u>Name</u> | <u>Age</u> | <u>Relationship to child (self, parent, legal guardian, current caregiver):</u> |
|-------------|------------|---|

4. a. **Person to be restrained** (full name):

|  |
|--|
| b. <b>DESCRIPTION:</b><br><br>Sex: <input type="checkbox"/> M <input type="checkbox"/> F Ht.: ____ Wt.: ____ Hair color: ____ Eye color: ____ Race: _____ Age: ____ Date of birth: _____ |
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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):

as described in item 7  
 as described in attached report by:  police officer  social worker  probation officer  
 other

|                     |                                       |
|---------------------|---------------------------------------|
| CASE NAME:<br>_____ | CASE NUMBERS:<br>JUVENILE:<br>FAMILY: |
|---------------------|---------------------------------------|

**6. 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 3.
- 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 3
  - (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 3
  - (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):

- e.  A criminal protective order on Form CR-160 is in effect: case number (specify):  
(expiration date): \_\_\_\_\_ (if more orders, list them in item i.).  
specify county (if known): \_\_\_\_\_

- f.  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 f 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.

- g. 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 7 any use of or threat regarding use of firearms. Petitioner believes the restrained person has the following firearms (specify):

- h.  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):

- i.  Other requested orders:

