

**California Law Enforcement Telecommunications System (CLETS)  
Information Form**

**Important Notice:** This form **MUST NOT** become part of the public court file. It is confidential and private. If the court issues a restraining order, this form will provide law enforcement with information that will assist them in enforcing a restraining order.

**Person To Be Protected:** Fill out this form as much as you can, and give it to the court clerk. The clerk will provide the confidential information on this form to CLETS, a statewide computer system that lets police know about your order. In addition to providing the information on this form, you must provide a public mailing address on your request for a restraining order filed with the court. This will allow the court to contact you if needed and allow the other side to have their response to your petition served on you. If you want to keep your place of residence confidential, you can use a post office box or "care of" address on the request that you file.

**Case number for your restraining order (if you know it):** \_\_\_\_\_

**1 Person To Be Protected (name):** \_\_\_\_\_  
 Sex:  M  F Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Race: \_\_\_\_\_  
 Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 \_\_\_\_\_  
*(mailing address listed on restraining order)* *(city, state, zip)* *(telephone number [optional])*  
 Vehicle (type, model, year): \_\_\_\_\_  
 Vehicle license number and state: \_\_\_\_\_

**2 Person To Be Restrained (name):** \_\_\_\_\_  
 Sex:  M  F Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Race: \_\_\_\_\_  
 Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 \_\_\_\_\_  
*(residence address)* *(city, state, zip)* *(telephone number)*  
 \_\_\_\_\_  
*(work place)* *(occupation/title)* *(work hours)*  
 \_\_\_\_\_  
*(business address)* *(city, state, zip)* *(telephone number)*  
 Driver's license number and state: \_\_\_\_\_ Vehicle license number and state: \_\_\_\_\_  
 Vehicle (type, model, year): \_\_\_\_\_  
 Social Security Number: \_\_\_\_\_  
 Describe any marks, scars, or tattoos: \_\_\_\_\_  
 Other names used by the restrained person: \_\_\_\_\_  
 Describe any guns or firearms you believe the restrained person owns or has access to (*number, types, and locations*):  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**3 Other People To Be Protected (only in domestic violence and civil harassment cases)**

Name	Date of Birth	Sex	Race
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Confidential—Do not file in court file.**