

**SUPERIOR COURT OF CALIFORNIA  
COUNTY OF SAN DIEGO**

**CIVIL HARASSMENT  
PETITIONER PACKET**



**FORMS INCLUDED IN THIS PACKET**

<b>FORMS INCLUDED IN THIS PACKET</b>	
Can a Civil Harassment Restraining Order Help Me?	Judicial Council Form #CH-100-INFO
Request for Civil Harassment Restraining Orders	Judicial Council Form #CH-100
Attachment – Additional Respondents	SDSC Form #CIV-330
Attachment – Additional Protected Persons	SDSC Form #CIV-330A
Declaration	Judicial Council Form #MC-030
Temporary Restraining Order	Judicial Council Form #CH-110
Attachment – Additional Respondents	SDSC Form #CIV-330
Attachment – Additional Protected Persons	SDSC Form #CIV-330A
Notice of Court Hearing	Judicial Council Form #CH-109
Attachment – Additional Respondents	SDSC Form #CIV-330
Confidential CLETS Information	Judicial Council Form #CLETS-001
Attachment – Additional Protected Persons	SDSC Form #CIV-330A
Request for Free Service of the Order and Injunctions	SDSC Form #CIV-046
Civil Case Cover Sheet	Judicial Council Form #CM-010

**These instructions cannot cover all of the questions that may arise in a particular case. If you do not know what to do to protect your rights, you should see a lawyer.**

### **What is a civil harassment restraining order?**

It is a court order that helps protect people from harassment.

### **Can I get a civil harassment restraining order?**

You can ask for one if you are worried about your safety because someone:

- Is harassing you
- Is stalking you
- Has committed acts of violence against you, or
- Has threatened you with violence

### **How will the order help me?**

The court can order a person to:

- Not harass or threaten you
- Not contact or go near you, *and*
- Not have a gun

You can also ask for protection for people who live with you and family members.

In a civil harassment case, the court cannot:

- Order a person to move out of your residence
- Order a person to pay child support to you
- Make orders for custody and visitation

If you need these orders, you should proceed under the Domestic Violence Protection Act. File Form DV-100.

The court also cannot:

- Order a person to pay money that he or she owes you
- Order someone to move out of rental property that you own
- Order someone to stop creating a nuisance that doesn't involve harassment

If you need these remedies, you must file a civil action.

### **How much does it cost?**

That depends on the type of harassment. If the restrained person has used or threatened to use violence against you or has stalked you, you do not have to pay a filing fee; otherwise, you must pay the fee.

If you cannot afford to pay the filing fee, ask the clerk how to apply for a fee waiver. Form FW-001 is available for this purpose.

If the order is based on prior acts of violence, a credible threat of violence, or stalking, you are entitled to free service of the order by a sheriff or marshal. Also, if you are eligible for a fee waiver, you can ask the sheriff or marshal to serve the order for free. If you are not eligible for free service, you may pay the sheriff or marshal to serve the order.

### **What forms do I need to get the order?**

You must fill out all of Form CH-100, *Request for Civil Harassment Restraining Orders*, and Form CLETS-001, *Confidential CLETS Information*. If you need attachments, you may use Form MC-025. You must also fill out items 1 and 2 on Form CH-109, *Notice of Court Hearing*, and items 1, 2, and 3 on Form CH-110, *Temporary Restraining Order (CLETS)*.

### **Where can I get these forms?**

You can get the forms from legal publishers or on the Internet at [www.courts.ca.gov](http://www.courts.ca.gov). You also may be able to find them at your local courthouse or county law library.

### **What do I need to do to get the order?**

You must go to the superior court in the county where the harassment took place or the person to be restrained lives. At the court, ask where you should file your request for a civil harassment restraining order. (A self-help center or legal aid association may be able to assist you in filing your request.)

At the court, give your forms to the clerk of the court. The clerk will give you a hearing date on the *Notice of Court Hearing* form, and if your request for immediate orders is granted, a copy of the *Temporary Restraining Order* signed by a judicial officer.



**How soon can I get the order?**

If you ask for a temporary restraining order, the court will decide within 24 hours whether or not to make the order. Sometimes the court decides sooner. Ask whether you should wait or come back later to get the signed *Notice of Court Hearing* and *Temporary Restraining Order*.

**How long does the order last?**

If the court makes a temporary order, it will last until your hearing date. At that time, the court will decide to continue or cancel the order. The order could last for up to five years.

**How will the person to be restrained know about the order?**

Someone age 18 or older—**not you** or anyone else to be protected by the order—must “serve” (give) the person to be restrained a copy of the order. The server must then fill out Form CH-200, *Proof of Personal Service*, and give it to you to file with the court. For help with service, ask the court clerk for Form CH-200-INFO, *What Is “Proof of Personal Service?”*.

**What if the restrained person does not obey the order?**

Call the police. The restrained person can be arrested and charged with a crime.

**Do I have to go to court?**

Yes. Go to court on the date the clerk gives you.

**Do I need to bring a witness to the court hearing?**

Witnesses are not required, but it helps to have more proof of the harassment than just your word. You can bring:

- Witnesses
- Written statements from witnesses made under oath
- Photos
- Medical or police reports
- Damaged property
- Threatening letters, e-mails, or telephone messages

The court may or may not let witnesses speak at the hearing. So, if possible, you should bring their written statements under oath to the hearing. (You can use Form MC-030, *Declaration*, for this.)

**Do I need a lawyer?**

Having a lawyer is always a good idea, but it is not required and you are not entitled to a free court-appointed attorney. Ask the court clerk about free and low-cost legal services and self-help centers in your county.

**Will I see the restrained person at the court hearing?**

If the person comes to the hearing, yes. But that person does not have the right to speak to you. If you are afraid, tell the court officer.

**Can I bring someone with me to court?**

Yes. You can bring someone to sit with you during the hearing. But that person cannot speak for you in court. Only you or your lawyer (if you have one) can speak for you.

**CH-109 Notice of Court Hearing** Clerk stamps date here when form is filed.

**1 Person Seeking Protection**

a. Your Full 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: \_\_\_\_\_

Fill in court name and street address:  
 Superior Court of California, County of \_\_\_\_\_

Court fills in case number when form is filed.  
 Case Number: \_\_\_\_\_

**2 Person From Whom Protection Is Sought**  
 Full Name: \_\_\_\_\_

The court will complete the rest of this form.

**3 Notice of Hearing**  
 A court hearing is scheduled on the request for restraining orders against the person in **(2)**:  
 Name and address of court if different from above:  
 Hearing Date: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  
 Dept.: \_\_\_\_\_ Room: \_\_\_\_\_

**4 Temporary Restraining Orders** (Any orders granted are on Form CH-110, served with this notice.)  
 a. Temporary Restraining Orders for personal conduct and stay-away orders as requested in Form CH-100, Request for Civil Harassment Restraining Orders, are (check only one box below):  
 (1)  All GRANTED until the court hearing.  
 (2)  All DENIED until the court hearing. (Specify reasons for denial in b, below.)  
 (3)  Partly GRANTED and partly DENIED until the court hearing. (Specify reasons for denial in b, below.)

Judicial Council of California, www.court.ca.gov  
 Revised July 1, 2014, Mandatory Form  
 Code of Civil Procedure, § 527.6  
 Approved by DOJ **Notice of Court Hearing**  
 (Civil Harassment Prevention) CH-109, Page 1 of 3



**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 hearing. Contact the clerk's 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.)

**For help in your area, contact:**

*[Local information may be inserted.]*

**What if I don't speak English?**

When you file your papers, ask the clerk if a court interpreter is available. You may have to pay a fee for the interpreter. If an interpreter is not available for your court date, you should ask someone who is not listed as a person to be protected on your Request and who is over age 18 to interpret for you .

**Can I agree with the restrained person to cancel the order?**

No. Once the order is issued, only the judge can change or cancel it. You or the restrained person would have to file a request with the court to cancel the order.

**Request for Civil Harassment Restraining Orders**

Clerk stamps date here when form is filed.

Read *Can a Civil Harassment Restraining Order Help Me?* (form CH-100-INFO) before completing this form. Also fill out *Confidential CLETS Information* (form CLETS-001) with as much information as you know.

**1 Person Seeking Protection**

a. Your Full Name: \_\_\_\_\_ Age: \_\_\_\_\_

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: \_\_\_\_\_

Fill in court name and street address:

**Superior Court of California, County of San Diego**  
 CENTRAL DIVISION, HALL OF JUSTICE,  
330 W. BROADWAY, SAN DIEGO, CA 92101  
 EAST COUNTY DIVISION,  
250 E. MAIN ST., EL CAJON, CA 92020  
 NORTH COUNTY DIVISION,  
325 S. MELROSE DR., VISTA, CA 92081  
 SOUTH COUNTY DIVISION,  
500 3RD AVE., CHULA VISTA, CA 91910

Court fills in case number when form is filed.

**Case Number:** \_\_\_\_\_

**2 Person From Whom Protection Is Sought**

Full Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address (if known): \_\_\_\_\_

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

**3 Additional Protected Persons**

a. Are you asking for protection for any other family or household members?  Yes  No *If yes, list them:*

Full Name	Sex	Age	Lives with you?	How are they related to you?
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

Check here if there are more persons. Attach a sheet of paper and write "Attachment 3a—Additional Protected Persons" for a title. You may use form MC-025, Attachment.

b. Why do these people need protection? (Explain below):

Check here if there is not enough space for your answer. Put your complete answer on the attached sheet of paper or form MC-025 and write "Attachment 3b—Why Others Need Protection" for a title.

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

**This is not a Court Order.**



**4 Relationship of Parties**

How do you know the person in (2)? (Explain below):

Check here if there is not enough space for your answer. Put your complete answer on the attached sheet of paper or form MC-025 and write "Attachment 4—Relationship of Parties" for a title.

**5 Venue**

Why are you filing in this county? (Check all that apply):

- a.  The person in (2) lives in this county.
- b.  I was harassed by the person in (2) in this county.
- c.  Other (specify): \_\_\_\_\_

**6 Other Court Cases**

a. Have you or any of the persons named in (3) been involved in another court case with the person in (2)?

Yes  No (If yes, check each kind of case and indicate where and when each was filed.)

	Kind of Case	Filed in (County/State)	Year Filed	Case Number (if known)
(1)	<input type="checkbox"/> Civil Harassment	_____	_____	_____
(2)	<input type="checkbox"/> Domestic Violence	_____	_____	_____
(3)	<input type="checkbox"/> Divorce, Nullity, Legal Separation	_____	_____	_____
(4)	<input type="checkbox"/> Paternity, Parentage, Child Custody	_____	_____	_____
(5)	<input type="checkbox"/> Elder or Dependent Adult Abuse	_____	_____	_____
(6)	<input type="checkbox"/> Eviction	_____	_____	_____
(7)	<input type="checkbox"/> Guardianship	_____	_____	_____
(8)	<input type="checkbox"/> Workplace Violence	_____	_____	_____
(9)	<input type="checkbox"/> Small Claims	_____	_____	_____
(10)	<input type="checkbox"/> Criminal	_____	_____	_____
(11)	<input type="checkbox"/> Other (specify): _____	_____	_____	_____

b. Are there now any protective or restraining orders in effect relating to you or any of the persons in (3) and the person in (2)?  No  Yes (If yes, attach a copy if you have one.)

**7 Description of Harassment**

Harassment means violence or threats of violence against you, or a course of conduct that seriously alarmed, annoyed, or harassed you and caused you substantial emotional distress. A course of conduct is more than one act.

a. Tell the court about the last time the person in (2) harassed you.

(1) When did it happen? (provide date or estimated date): \_\_\_\_\_

(2) Who else was there? \_\_\_\_\_

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

**This is not a Court Order.**



7 a. (3) How did the person in 2 harass you? (Explain below):  
 Check here if there is not enough space for your answer. Put your complete answer on the attached sheet of paper or form MC-025 and write "Attachment 7a(3)—Describe Harassment" for a title.

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

(4) Did the person in 2 use or threaten to use a gun or any other weapon?  
 Yes  No (If yes, explain below):  
 Check here if there is not enough space for your answer. Put your complete answer on the attached sheet of paper or form MC-025 and write "Attachment 7a(4)—Use of Weapons" for a title.

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

(5) Were you harmed or injured because of the harassment?  
 Yes  No (If yes, explain below):  
 Check here if there is not enough space for your answer. Put your complete answer on the attached sheet of paper or form MC-025 and write "Attachment 7a(5)—Harm or Injury" for a title.

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

(6) Did the police come?  Yes  No  
If yes, did they give you or the person in 2 an Emergency Protective Order?  Yes  No  
If yes, the order protects (check all that apply):  
 Me  The person in 2  The persons in 3.  
(Attach a copy of the order if you have one.)

b. Has the person in 2 harassed you at other times?  
 Yes  No (If yes, describe prior incidents and provide dates of harassment below):  
 Check here if there is not enough space for your answer. Put your complete answer on the attached sheet of paper or form MC-025 and write "Attachment 7b—Previous Harassment" for a title.

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

**This is not a Court Order.**

**Check the orders you want.**

**8  Personal Conduct Orders**

I ask the court to order the person in **(2)** **not** to do any of the following things to me or to any person to be protected listed in **(3)**:

- a.  Harass, intimidate, molest, attack, strike, stalk, threaten, assault (sexually or otherwise), hit, abuse, destroy personal property of, or disturb the peace of the person.
- b.  Contact the person, either directly or indirectly, in **any** way, including, but not limited to, in person, by telephone, in writing, by public or private mail, by interoffice mail, by e-mail, by text message, by fax, or by other electronic means.
- c.  Other (specify):
  - Check here if there is not enough space for your answer. Put your complete answer on the attached sheet of paper or form MC-025 and write "Attachment 8c—Other Personal Conduct Orders," for a title.

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

*The person in **(2)** will be ordered not to take any action to get the addresses or locations of any protected person unless the court finds good cause not to make the order.*

**9  Stay-Away Orders**

a. I ask the court to order the person in **(2)** to stay at least \_\_\_\_\_ yards away from (check all that apply):

- (1)  Me.
- (2)  The other persons listed in **(3)**.
- (3)  My home.
- (4)  My job or workplace.
- (5)  My school.
- (6)  My children's school.
- (7)  My children's place of child care.
- (8)  My vehicle.
- (9)  Other (specify):

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

b. If the court orders the person in **(2)** to stay away from all the places listed above, will he or she still be able to get to his or her home, school, or job?  Yes  No (If no, explain below):

Check here if there is not enough space for your answer. Put your complete answer on the attached sheet of paper or form MC-025 and write "Attachment 9b—Stay-Away Orders," for a title.

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

**10  Guns or Other Firearms and Ammunition**

Does the person in **(2)** own or possess any guns or other firearms?  Yes  No  I don't know

*If the judge grants a protective order, the person in **(2)** will be prohibited from owning, possessing, purchasing, receiving, or attempting to purchase or receive a gun, other firearm, and ammunition while the protective order is in effect. The person in **(2)** will also be ordered to turn in to law enforcement, or sell to or store with a licensed gun dealer, any guns or firearms within his or her immediate possession or control.*

**This is not a Court Order.**





**11**  **Temporary Restraining Order**

I request that a Temporary Restraining Order (TRO) be issued against the person in **(2)** to last until the hearing. I am presenting form CH-110, *Temporary Restraining Order*, for the court’s signature together with this *Request*.

Has the person in **(2)** been told that you were going to go to court to seek a TRO against him/her?

Yes  No *(If you answered no, explain why below):*

*Check here if there is not enough space for your answer. Put your complete answer on the attached sheet of paper or form MC-025 and write “Attachment 11—Temporary Restraining Order” for a title.*

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

**12**  **Request to Give Less Than Five Days' Notice of Hearing**

*You must have your papers personally served on the person in **(2)** at least five days before the hearing, unless the court orders a shorter time for service. (Form CH-200-INFO explains What Is “Proof of Personal Service”? Form CH-200, Proof of Personal Service, may be used to show the court that the papers have been served.)*

If you want there to be fewer than five days between service and the hearing, explain why below:

*Check here if there is not enough space for your answer. Put your complete answer on the attached sheet of paper or form MC-025 and write “Attachment 12—Request to Give Less Than Five Days’ Notice” for a title.*

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

**13**  **No Fee for Filing or Service**

- a.  There should be no filing fee because the person in **(2)** has used or threatened to use violence against me, has stalked me, or has acted or spoken in some other way that makes me reasonably fear violence.
- b.  The sheriff or marshal should serve (notify) the person in **(2)** about the orders for free because my request for orders is based on unlawful violence, a credible threat of violence, or stalking.
- c.  There should be no filing fee and the sheriff or marshal should serve the person in **(2)** for free because I am entitled to a fee waiver. *(You must complete and file form FW-001, Application for Waiver of Court Fees and Costs .)*

**14**  **Lawyer's Fees and Costs**

I ask the court to order payment of my  lawyer’s fees  Court costs.

The amounts requested are:

<u>Item</u>	<u>Amount</u>	<u>Item</u>	<u>Amount</u>
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

*Check here if there are more items. Put the items and amounts on the attached sheet of paper or form MC-025 and write “Attachment 14—Lawyer’s Fees and Costs” for a title.*

**This is not a Court Order.**



**15**  **Possession and Protection of Animals**

I ask the court to order the following:

- a.  That I be given the sole possession, care, and control of the animals listed below, which I own, possess, lease, keep, or hold, or which reside in my household.  
*(Identify animals by, e.g., type, breed, name, color, sex.)*

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

I request sole possession of the animals because *(specify good cause for granting order)*:

- Check here if there is not enough space for your answer. Put your complete answer on the attached sheet of paper or form MC-025 and write "Attachment 15a—Possession of Animals" for a title.

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

- b.  That the person in **(2)** 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.

**16**  **Additional Orders Requested**

I ask the court to make the following additional orders *(specify)*:

- Check here if there is not enough space for your answer. Put your complete answer on the attached sheet of paper or form MC-025 and write "Attachment 16—Additional Orders Requested," for a title.

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

**17** Number of pages attached to this form, if any: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
*Lawyer's name (if any)*

▶ \_\_\_\_\_  
*Lawyer's signature*

I declare under penalty of perjury under the laws of the State of California that the information above and on all attachments is true and correct.

Date: \_\_\_\_\_

\_\_\_\_\_  
*Type or print your name*

▶ \_\_\_\_\_  
*Sign your name*

**This is not a Court Order.**

**ATTACHED DESCRIPTIONS - ADDITIONAL RESPONDENTS**

SHORT TITLE:	CASE NUMBER:
--------------	--------------

**INSTRUCTIONS FOR USE**

This form should be used as an attachment to list additional persons to be restrained on:

- |   |  |
|---|--|
| <input type="checkbox"/> <b>Civil Harassment (Item 2)</b><br>(CH-100; CH-109; CH-110; CH-130) | <input type="checkbox"/> <b>Elder/Dependent Abuse (Item 2)</b><br>(EA-100; EA-109; EA-110; EA-130) |
| <input type="checkbox"/> <b>School Violence (Item 3)</b><br>(SV-100; SV-109; SV-110; SV-130)  | <input type="checkbox"/> <b>Workplace Violence (Item 3)</b><br>(WV-100; WV-109; WV-110; WV-130)    |

Additional persons to be restrained are:

**a. Name:**

Sex: <b>M</b> <input type="checkbox"/> <b>F</b> <input type="checkbox"/> Ht: _____ Wt: _____ Hair color: _____ Eye color: _____ Race: _____ Age: _____ Date of Birth: _____ Address: _____ City: _____ State: _____ Zip Code: _____
--

**b. Name:**

Sex: <b>M</b> <input type="checkbox"/> <b>F</b> <input type="checkbox"/> Ht: _____ Wt: _____ Hair color: _____ Eye color: _____ Race: _____ Age: _____ Date of Birth: _____ Address: _____ City: _____ State: _____ Zip Code: _____
--

**c. Name:**

Sex: <b>M</b> <input type="checkbox"/> <b>F</b> <input type="checkbox"/> Ht: _____ Wt: _____ Hair color: _____ Eye color: _____ Race: _____ Age: _____ Date of Birth: _____ Address: _____ City: _____ State: _____ Zip Code: _____
--

**d. Name:**

Sex: <b>M</b> <input type="checkbox"/> <b>F</b> <input type="checkbox"/> Ht: _____ Wt: _____ Hair color: _____ Eye color: _____ Race: _____ Age: _____ Date of Birth: _____ Address: _____ City: _____ State: _____ Zip Code: _____
--

**e. Name:**

Sex: <b>M</b> <input type="checkbox"/> <b>F</b> <input type="checkbox"/> Ht: _____ Wt: _____ Hair color: _____ Eye color: _____ Race: _____ Age: _____ Date of Birth: _____ Address: _____ City: _____ State: _____ Zip Code: _____
--

**f. Name:**

Sex: <b>M</b> <input type="checkbox"/> <b>F</b> <input type="checkbox"/> Ht: _____ Wt: _____ Hair color: _____ Eye color: _____ Race: _____ Age: _____ Date of Birth: _____ Address: _____ City: _____ State: _____ Zip Code: _____
--

**g. Name:**

Sex: <b>M</b> <input type="checkbox"/> <b>F</b> <input type="checkbox"/> Ht: _____ Wt: _____ Hair color: _____ Eye color: _____ Race: _____ Age: _____ Date of Birth: _____ Address: _____ City: _____ State: _____ Zip Code: _____
--

**ATTACHMENT - ADDITIONAL PROTECTED PERSONS**

SHORT TITLE:	CASE NUMBER:
--------------	--------------

INSTRUCTIONS FOR USE

This form should be used as an attachment to list additional protected persons on:

- |   |   |
|---|---|
| <input type="checkbox"/> <b>Civil Harassment (Item 3)</b><br>(CH-100; CH-110; CH-130) | <input type="checkbox"/> <b>Elder/Dependent Abuse (Item 3)</b><br>(EA-100 (Item 6); EA-110; EA-130) |
| <input type="checkbox"/> <b>School Violence (Item 4)</b><br>(SV-100; SV-110; SV-130)  | <input type="checkbox"/> <b>Workplace Violence (Item 4)</b><br>(WV-100; WV-110; WV-130)             |
| <input type="checkbox"/> <b>CLETS (Item 4)</b><br>(CLETS-001)                         |   |

Additional protected person(s) are:

**a. Name:**

Sex: M <input type="checkbox"/> F <input type="checkbox"/> Age: _____ Lives with you? <input type="checkbox"/> Yes <input type="checkbox"/> No How is he/she related to you? _____
--

**b. Name:**

Sex: M <input type="checkbox"/> F <input type="checkbox"/> Age: _____ Lives with you? <input type="checkbox"/> Yes <input type="checkbox"/> No How is he/she related to you? _____
--

**c. Name:**

Sex: M <input type="checkbox"/> F <input type="checkbox"/> Age: _____ Lives with you? <input type="checkbox"/> Yes <input type="checkbox"/> No How is he/she related to you? _____
--

**d. Name:**

Sex: M <input type="checkbox"/> F <input type="checkbox"/> Age: _____ Lives with you? <input type="checkbox"/> Yes <input type="checkbox"/> No How is he/she related to you? _____
--

**e. Name:**

Sex: M <input type="checkbox"/> F <input type="checkbox"/> Age: _____ Lives with you? <input type="checkbox"/> Yes <input type="checkbox"/> No How is he/she related to you? _____
--

**f. Name:**

Sex: M <input type="checkbox"/> F <input type="checkbox"/> Age: _____ Lives with you? <input type="checkbox"/> Yes <input type="checkbox"/> No How is he/she related to you? _____
--

**g. Name:**

Sex: M <input type="checkbox"/> F <input type="checkbox"/> Age: _____ Lives with you? <input type="checkbox"/> Yes <input type="checkbox"/> No How is he/she related to you? _____
--

ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name, State Bar number, and address):</i>     TELEPHONE NO.: _____ FAX NO. <i>(Optional):</i> _____ EMAIL ADDRESS: _____ ATTORNEY FOR <i>(Name):</i> _____	FOR COURT USE ONLY
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO</b> <input type="checkbox"/> CENTRAL DIVISION, HALL OF JUSTICE, 330 W. BROADWAY, SAN DIEGO, CA 92101 <input type="checkbox"/> EAST COUNTY DIVISION, 250 E. MAIN ST., EL CAJON, CA 92020 <input type="checkbox"/> NORTH COUNTY DIVISION, 325 S. MELROSE DR., VISTA, CA 92081 <input type="checkbox"/> SOUTH COUNTY DIVISION, 500 3RD AVE., CHULA VISTA, CA 91910	
PLAINTIFF/PETITIONER: DEFENDANT/RESPONDENT:	
<b>DECLARATION</b>	CASE NUMBER: _____

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

Date:

\_\_\_\_\_  
(TYPE OR PRINT NAME)

\_\_\_\_\_  
(SIGNATURE OF DECLARANT)

- Attorney for     Plaintiff     Petitioner     Defendant  
 Respondent     Other *(Specify):* \_\_\_\_\_

Clerk stamps date here when form is filed.

Person in ① must complete items ①, ②, and ③ only.

**① Protected Person**

a. Your Full 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: \_\_\_\_\_

Fill in court name and street address:

**Superior Court of California, County of San Diego**  
 CENTRAL DIVISION, HALL OF JUSTICE, 330 W. BROADWAY, SAN DIEGO, CA 92101  
 EAST COUNTY DIVISION, 250 E. MAIN ST., EL CAJON, CA 92020  
 NORTH COUNTY DIVISION, 325 S. MELROSE DR., VISTA, CA 92081  
 SOUTH COUNTY DIVISION, 500 3RD AVE., CHULA VISTA, CA 91910

Court fills in case number when form is filed.

**Case Number:** \_\_\_\_\_

**② Restrained Person**

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

Description:

Sex:  M  F Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Age: \_\_\_\_\_ Race: \_\_\_\_\_  
Home Address (if known): \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Relationship to Protected Person: \_\_\_\_\_

**③  Additional Protected Persons**

In addition to the person named in ①, the following family or household members of that person are protected by the temporary orders indicated below:

<u>Full Name</u>	<u>Sex</u>	<u>Age</u>	<u>Household Member?</u>	<u>Relation to Protected Person</u>
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

Check here if there are additional persons. List them on an attached sheet of paper and write "Attachment 3—Additional Protected Persons" as a title. You may use form MC-025, Attachment.

**④ Expiration Date**

The court will complete the rest of this form.

This Order expires at the end of the hearing scheduled for the date and time below:

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

**This is a Court Order.**



**To the Person in 2 :**

The court has granted the temporary orders checked as granted below. If you do not obey these orders, you can be arrested and charged with a crime. You may be sent to jail for up to one year, pay a fine of up to \$1,000, or both.

**5 Personal Conduct Orders**

Not Requested     Denied Until the Hearing     Granted as Follows:

- a. You must **not** do the following things to the person named in ①
  - and to the other protected persons listed in ③:
    - (1)  Harass, intimidate, molest, attack, strike, stalk, threaten, assault (sexually or otherwise), hit, abuse, destroy personal property of, or disturb the peace of the person.
    - (2)  Contact the person, either directly or indirectly, in **any** way, including, but not limited to, in person, by telephone, in writing, by public or private mail, by interoffice mail, by e-mail, by text message, by fax, or by other electronic means.
    - (3)  Take any action to obtain the person’s address or location. If this item (3) is not checked, the court has found good cause not to make this order.
    - (4)  Other (*specify*):
      - Other personal conduct orders are attached at the end of this Order on Attachment 5a(4).

- b. Peaceful written contact through a lawyer or a process server or other person for service of legal papers related to a court case is allowed and does not violate this order. However, you may have your papers served by mail on the person in ①.

**6 Stay-Away Order**

Not Requested     Denied Until the Hearing     Granted as Follows:

- a. You must stay at least \_\_\_\_\_ yards away from (*check all that apply*):
  - (1)  The person in ①
  - (2)  Each person in ③
  - (3)  The home of the person in ①
  - (4)  The job or workplace of the person in ①
  - (5)  The school of the person in ①
  - (6)  The school of the children of the person in ①
  - (7)  The place of child care of the children of the person in ①
  - (8)  The vehicle of the person in ①
  - (9)  Other (*specify*):

- b. This stay-away order does not prevent you from going to or from your home or place of employment.

**7 No Guns or Other Firearms and Ammunition**

- a. You cannot own, possess, have, buy or try to buy, receive or try to receive, or in any other way get guns, other firearms, or ammunition.
- b. You must:
  - (1) Sell to or store with a licensed gun dealer, or turn in to a law enforcement agency, any guns or other firearms in your immediate possession or control. This must be done within 24 hours of being served with this Order.

**This is a Court Order.**



(2) File a receipt with the court within 48 hours of receiving this Order that proves that your guns or firearms have been turned in, sold, or stored. *(You may use form CH-800, Proof of Firearms Turned In, Sold, or Stored, for the receipt.)*

c.  The court has received information that you own or possess a firearm.

**8 Possession and Protection of Animals**

**Not Requested**     **Denied Until the Hearing**     **Granted as Follows (specify):**

a.  The person in ① is given the sole possession, care, and control of the animals listed below, which are owned, possessed, leased, kept, or held by him or her, or reside in his or her household.  
*(Identify animals by, e.g., type, breed, name, color, sex.)*

\_\_\_\_\_

\_\_\_\_\_

b.  The person in ② 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.

**9 Other Orders**

**Not Requested**     **Denied Until the Hearing**     **Granted as Follows (specify):**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Additional orders are attached at the end of this Order on Attachment 9.

**To the Person in ① :**

**10 Mandatory Entry of Order Into CARPOS Through CLETS**

This Order must be entered into the California Restraining and Protective Order System (CARPOS) through the California Law Enforcement Telecommunications System (CLETS). *(Check one):*

- a.  The clerk will enter this Order and its proof-of-service form into CARPOS.
- b.  The clerk will transmit this Order and its proof-of-service form to a law enforcement agency to be entered into CARPOS.
- c.  By the close of business on the date that this Order is made, the person in ① or his or her lawyer should deliver a copy of the Order and its proof-of-service form to the law enforcement agency listed below to enter into CARPOS:

Name of Law Enforcement Agency

Address (City, State, Zip)

\_\_\_\_\_

\_\_\_\_\_

Additional law enforcement agencies are listed at the end of this Order on Attachment 10.

**This is a Court Order.**





**11 No Fee to Serve (Notify) Restrained Person**       **Ordered**       **Not Ordered**

The sheriff or marshal will serve this Order without charge because:

- a.  The Order is based on unlawful violence, a credible threat of violence, or stalking.
- b.  The person in **1** is entitled to a fee waiver.

**12** Number of pages attached to this Order, if any: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
*Judicial Officer***Warnings and Notices to the Restrained Person in 2****You Cannot Have Guns or Firearms**

You cannot own, have, possess, buy or try to buy, receive or try to receive, or otherwise get guns, other firearms, or ammunition while this Order is in effect. If you do, you can go to jail and pay a \$1,000 fine. You must sell to or store with a licensed gun dealer, or turn in to a law enforcement agency, any guns or other firearms that you have or control as stated in item **7** above. The court will require you to prove that you did so.

**Notice Regarding Nonappearance at Hearing and Service of Order**

If you have been personally served with this Temporary Restraining Order and form CH-109, *Notice of Court Hearing*, but you do not appear at the hearing either in person or by a lawyer, and a restraining order that is the same as this Temporary Restraining Order except for the expiration date is issued at the hearing, a copy of the order will be served on you by mail at the address in item **2**.

If this address is not correct or you wish to verify that the Temporary Restraining Order was converted into a restraining order at the hearing without substantive change, or to find out the duration of the order, contact the clerk of the court.

**After You Have Been Served With a Restraining Order**

- Obey all the orders.
- Read form CH-120-INFO, *How Can I Respond to a Request for Civil Harassment Restraining Orders?*, to learn how to respond to this Order.
- If you want to respond, fill out form CH-120, *Response to Request for Civil Harassment Restraining Orders*, and file it with the court clerk. You do not have to pay any fee to file your response if the Request claims that you inflicted or threatened violence against or stalked the person in **1**.
- You must have form CH-120 served by mail on the person in **1** or that person's attorney. You cannot do this yourself. The person who does the mailing should complete and sign form CH-250, *Proof of Service of Response by Mail*. File the completed proof of service with the court clerk before the hearing date or bring it with you to the hearing.
- In addition to the response, you may file and have declarations served, signed by you and other persons who have personal knowledge of the facts. You may use form MC-030, *Declaration*, for this purpose. It is available from the clerk's office at the court shown on page 1 of this form or at [www.courts.ca.gov/forms](http://www.courts.ca.gov/forms). If you do not know how to prepare a declaration, you should see a lawyer.

**This is a Court Order.**

- Whether or not you file a response, you should attend the hearing. If you have any witnesses, they must also go to the hearing.
- At the hearing, the judge can make restraining orders against you that last for up to five years. Tell the judge why you disagree with the orders requested.

## Instructions for Law Enforcement

### Enforcing the Restraining Order

This order is enforceable by any law enforcement agency that has received the order, is shown a copy of the order, or has verified its existence on the California Restraining and Protective Orders System (CARPOS). If the law enforcement agency has not received proof of service on the restrained person, the agency must advise the restrained person of the terms of the order and then must enforce it. Violations of this order are subject to criminal penalties.

### Start Date and End Date of Orders

This order *starts* on the date next to the judge's signature on page 4. The order *ends* on the expiration date in item ④ on page 1.

### Arrest Required if Order Is Violated

If an officer has probable cause to believe that the restrained person had notice of the order and has disobeyed the order, the officer must arrest the restrained person. (Pen. Code, §§ 836(c)(1), 13701(b).) A violation of the order may be a violation of Penal Code section 166 or 273.6. Agencies are encouraged to enter violation messages into CARPOS.

### Notice/Proof of Service

The law enforcement agency must first determine if the restrained person had notice of the order. Consider the restrained person "served" (given notice) if (Pen. Code, § 836(c)(2)):

- The officer sees a copy of the Proof of Service or confirms that the Proof of Service is on file; or
- The restrained person was informed of the order by an officer.

An officer can obtain information about the contents of the order and proof of service in CARPOS. If proof of service on the restrained person cannot be verified, the agency must advise the restrained person of the terms of the order and then enforce it.

### If the Protected Person Contacts the Restrained Person

Even if the protected person invites or consents to contact with the restrained person, this order remains in effect and must be enforced. The protected person cannot be arrested for inviting or consenting to contact with the restrained person. The order can be changed only by another court order. (Pen. Code, § 13710(b).)

**This is a Court Order.**



**Conflicting Orders—Priorities for Enforcement**

**If more than one restraining order has been issued, the orders must be enforced according to the following priorities** (see Pen. Code, § 136.2; Fam. Code, §§ 6383(h)(2), 6405(b)):

1. *EPO*: If one of the orders is an *Emergency Protective Order* (form EPO-001) and is more restrictive than other restraining or protective orders, it has precedence in enforcement over all other orders.
2. *No Contact Order*: If there is no EPO, a no-contact order that is included in a restraining or protective order has precedence over any other restraining or protective order.
3. *Criminal Order*: If none of the orders includes a no contact order, a domestic violence protective order issued in a criminal case takes precedence in enforcement over any conflicting civil court order. Any nonconflicting terms of the civil restraining order remain in effect and enforceable.
4. *Family, Juvenile, or Civil Order*: If more than one family, juvenile, or other civil restraining or protective order has been issued, the one that was issued last must be enforced.

*(Clerk will fill out this part.)*

*Clerk's Certificate*  
*[seal]*

**—Clerk's Certificate—**

I certify that this *Temporary Restraining Order* is a true and correct copy of the original on file in the court.

Date: \_\_\_\_\_ Clerk, by \_\_\_\_\_, Deputy

**This is a Court Order.**

**ATTACHED DESCRIPTIONS - ADDITIONAL RESPONDENTS**

SHORT TITLE:	CASE NUMBER:
--------------	--------------

**INSTRUCTIONS FOR USE**

This form should be used as an attachment to list additional persons to be restrained on:

- |   |  |
|---|--|
| <input type="checkbox"/> <b>Civil Harassment (Item 2)</b><br>(CH-100; CH-109; CH-110; CH-130) | <input type="checkbox"/> <b>Elder/Dependent Abuse (Item 2)</b><br>(EA-100; EA-109; EA-110; EA-130) |
| <input type="checkbox"/> <b>School Violence (Item 3)</b><br>(SV-100; SV-109; SV-110; SV-130)  | <input type="checkbox"/> <b>Workplace Violence (Item 3)</b><br>(WV-100; WV-109; WV-110; WV-130)    |

Additional persons to be restrained are:

**a. Name:**

Sex: <b>M</b> <input type="checkbox"/> <b>F</b> <input type="checkbox"/> Ht: _____ Wt: _____ Hair color: _____ Eye color: _____ Race: _____ Age: _____ Date of Birth: _____ Address: _____ City: _____ State: _____ Zip Code: _____
--

**b. Name:**

Sex: <b>M</b> <input type="checkbox"/> <b>F</b> <input type="checkbox"/> Ht: _____ Wt: _____ Hair color: _____ Eye color: _____ Race: _____ Age: _____ Date of Birth: _____ Address: _____ City: _____ State: _____ Zip Code: _____
--

**c. Name:**

Sex: <b>M</b> <input type="checkbox"/> <b>F</b> <input type="checkbox"/> Ht: _____ Wt: _____ Hair color: _____ Eye color: _____ Race: _____ Age: _____ Date of Birth: _____ Address: _____ City: _____ State: _____ Zip Code: _____
--

**d. Name:**

Sex: <b>M</b> <input type="checkbox"/> <b>F</b> <input type="checkbox"/> Ht: _____ Wt: _____ Hair color: _____ Eye color: _____ Race: _____ Age: _____ Date of Birth: _____ Address: _____ City: _____ State: _____ Zip Code: _____
--

**e. Name:**

Sex: <b>M</b> <input type="checkbox"/> <b>F</b> <input type="checkbox"/> Ht: _____ Wt: _____ Hair color: _____ Eye color: _____ Race: _____ Age: _____ Date of Birth: _____ Address: _____ City: _____ State: _____ Zip Code: _____
--

**f. Name:**

Sex: <b>M</b> <input type="checkbox"/> <b>F</b> <input type="checkbox"/> Ht: _____ Wt: _____ Hair color: _____ Eye color: _____ Race: _____ Age: _____ Date of Birth: _____ Address: _____ City: _____ State: _____ Zip Code: _____
--

**g. Name:**

Sex: <b>M</b> <input type="checkbox"/> <b>F</b> <input type="checkbox"/> Ht: _____ Wt: _____ Hair color: _____ Eye color: _____ Race: _____ Age: _____ Date of Birth: _____ Address: _____ City: _____ State: _____ Zip Code: _____
--

**ATTACHMENT - ADDITIONAL PROTECTED PERSONS**

SHORT TITLE:	CASE NUMBER:
--------------	--------------

INSTRUCTIONS FOR USE

This form should be used as an attachment to list additional protected persons on:

- |   |   |
|---|---|
| <input type="checkbox"/> <b>Civil Harassment (Item 3)</b><br>(CH-100; CH-110; CH-130) | <input type="checkbox"/> <b>Elder/Dependent Abuse (Item 3)</b><br>(EA-100 (Item 6); EA-110; EA-130) |
| <input type="checkbox"/> <b>School Violence (Item 4)</b><br>(SV-100; SV-110; SV-130)  | <input type="checkbox"/> <b>Workplace Violence (Item 4)</b><br>(WV-100; WV-110; WV-130)             |
| <input type="checkbox"/> <b>CLETS (Item 4)</b><br>(CLETS-001)                         |   |

Additional protected person(s) are:

**a. Name:**

Sex: M <input type="checkbox"/> F <input type="checkbox"/> Age: _____ Lives with you? <input type="checkbox"/> Yes <input type="checkbox"/> No How is he/she related to you? _____
--

**b. Name:**

Sex: M <input type="checkbox"/> F <input type="checkbox"/> Age: _____ Lives with you? <input type="checkbox"/> Yes <input type="checkbox"/> No How is he/she related to you? _____
--

**c. Name:**

Sex: M <input type="checkbox"/> F <input type="checkbox"/> Age: _____ Lives with you? <input type="checkbox"/> Yes <input type="checkbox"/> No How is he/she related to you? _____
--

**d. Name:**

Sex: M <input type="checkbox"/> F <input type="checkbox"/> Age: _____ Lives with you? <input type="checkbox"/> Yes <input type="checkbox"/> No How is he/she related to you? _____
--

**e. Name:**

Sex: M <input type="checkbox"/> F <input type="checkbox"/> Age: _____ Lives with you? <input type="checkbox"/> Yes <input type="checkbox"/> No How is he/she related to you? _____
--

**f. Name:**

Sex: M <input type="checkbox"/> F <input type="checkbox"/> Age: _____ Lives with you? <input type="checkbox"/> Yes <input type="checkbox"/> No How is he/she related to you? _____
--

**g. Name:**

Sex: M <input type="checkbox"/> F <input type="checkbox"/> Age: _____ Lives with you? <input type="checkbox"/> Yes <input type="checkbox"/> No How is he/she related to you? _____
--

Clerk stamps date here when form is filed.

Fill in court name and street address:

**Superior Court of California, County of San Diego**

- CENTRAL DIVISION, HALL OF JUSTICE,  
330 W. BROADWAY, SAN DIEGO, CA 92101
- EAST COUNTY DIVISION,  
250 E. MAIN ST., EL CAJON, CA 92020
- NORTH COUNTY DIVISION,  
325 S. MELROSE DR., VISTA, CA 92081
- SOUTH COUNTY DIVISION,  
500 3RD AVE., CHULA VISTA, CA 91910

Court fills in case number when form is filed.

**Case Number:**

**1 Person Seeking Protection**

a. Your Full 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: \_\_\_\_\_

**2 Person From Whom Protection Is Sought**

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

*The court will complete the rest of this form.*

**3 Notice of Hearing**

**A court hearing is scheduled on the request for restraining orders against the person in 2:**

<b>Hearing Date</b>	→ Date: _____	Time: _____	Name and address of court if different from above: _____ _____ _____
	Dept.: _____	Room: _____	_____ _____

**4 Temporary Restraining Orders** (Any orders granted are on form CH-110, served with this notice.)

a. Temporary Restraining Orders for personal conduct and stay-away orders as requested in form CH-100, Request for Civil Harassment Restraining Orders, are (check only one box below):

- (1)  All **GRANTED** until the court hearing.
- (2)  All **DENIED** until the court hearing. (Specify reasons for denial in b, below.)
- (3)  Partly **GRANTED** and partly **DENIED** until the court hearing. (Specify reasons for denial in b, below.)



b. Reasons for denial of some or all of those personal conduct and stay-away orders as requested in form CH-100, *Request for Civil Harassment Restraining Orders*, are:

- (1)  The facts as stated in form CH-100 do not sufficiently show acts of violence, threats of violence, or a course of conduct that seriously alarmed, annoyed, or harassed the person in ① and caused substantial emotional distress.
- (2)  Other (*specify*):  As set forth on Attachment 4b.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**5 Confidential Information Regarding Minor**

- a.  A *Request to Keep Minor’s Information Confidential* (form CH-160) was made and **GRANTED**. (*See form CH-165, Order on Request to Keep Minor's Information Confidential, served with this form.*)
- b. **If the request was granted, the information described in item ⑦ on the order (form CH-165) must be kept CONFIDENTIAL. The disclosure or misuse of the information is punishable as a sanction, with a fine of up to \$1,000 or other court penalties.**

**6 Service of Documents for the Person in ①**

At least  five  \_\_\_\_\_ days before the hearing, someone age 18 or older—not you or anyone to be protected—must personally give (serve) a court’s file-stamped copy of this form CH-109 to the person in ② along with a copy of all the forms indicated below:

- a. CH-100, *Request for Civil Harassment Restraining Orders* (file-stamped)
- b.  CH-110, *Temporary Restraining Order* (file-stamped) **IF GRANTED**
- c. CH-120, *Response to Request for Civil Harassment Restraining Orders* (blank form)
- d. CH-120-INFO, *How Can I Respond to a Request for Civil Harassment Restraining Orders?*
- e. CH-250, *Proof of Service of Response by Mail* (blank form)
- f.  CH-170, *Notice of Order Protecting Information of Minor* and CH-165, *Order on Request to Keep Minor’s Information Confidential* (file-stamped) **IF GRANTED**
- g.  Other (*specify*): \_\_\_\_\_

Date: \_\_\_\_\_



\_\_\_\_\_  
*Judicial Officer*



**To the Person in ① :**

- The court cannot make the restraining orders after the court hearing unless the person in ② has been personally given (served) a copy of your request and any temporary orders. To show that the person in ② has been served, the person who served the forms must fill out a proof of service form. Form CH-200, *Proof of Personal Service*, may be used.
- For information about service, read form CH-200-INFO, *What Is “Proof of Personal Service”?*
- If you are unable to serve the person in ② in time, you may ask for more time to serve the documents. Use form CH-115, *Request to Continue Court Hearing and to Reissue Temporary Restraining Order*.

**To the Person in ② :**

- If you want to respond to the request for orders in writing, file form CH-120, *Response to Request for Civil Harassment Restraining Orders*, and have someone age 18 or older—**not you or anyone to be protected**—mail it to the person in ①.
- The person who mailed the form must fill out a proof of service form. Form CH-250, *Proof of Service of Response by Mail*, may be used. File the completed form with the court before the hearing and bring a copy with you to the court hearing.
- Whether or not you respond in writing, go to the hearing if you want the judge to hear from you before making an order. You may tell the judge why you agree or disagree with the orders requested.
- You may bring witnesses and other evidence.
- At the hearing, the judge may make restraining orders against you that could last up to five years and may order you to turn in to law enforcement, or sell to or store with a licensed gun dealer, any firearms that you own or possess.

**Request for Accommodations**

Assistive listening systems, computer-assisted real-time captioning, or sign language interpreter services are available if you ask at least five days before the hearing. Contact the clerk’s 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.)

*(Clerk will fill out this part.)*

**—Clerk's Certificate—**

I certify that this *Notice of Court Hearing* is a true and correct copy of the original on file in the court.

*Clerk's Certificate*

*[seal]*

Date: \_\_\_\_\_

Clerk, by \_\_\_\_\_, Deputy



**ATTACHED DESCRIPTIONS - ADDITIONAL RESPONDENTS**

SHORT TITLE:	CASE NUMBER:
--------------	--------------

**INSTRUCTIONS FOR USE**

This form should be used as an attachment to list additional persons to be restrained on:

- |   |  |
|---|--|
| <input type="checkbox"/> <b>Civil Harassment (Item 2)</b><br>(CH-100; CH-109; CH-110; CH-130) | <input type="checkbox"/> <b>Elder/Dependent Abuse (Item 2)</b><br>(EA-100; EA-109; EA-110; EA-130) |
| <input type="checkbox"/> <b>School Violence (Item 3)</b><br>(SV-100; SV-109; SV-110; SV-130)  | <input type="checkbox"/> <b>Workplace Violence (Item 3)</b><br>(WV-100; WV-109; WV-110; WV-130)    |

Additional persons to be restrained are:

**a. Name:**

Sex: <b>M</b> <input type="checkbox"/> <b>F</b> <input type="checkbox"/> Ht: _____ Wt: _____ Hair color: _____ Eye color: _____ Race: _____ Age: _____ Date of Birth: _____ Address: _____ City: _____ State: _____ Zip Code: _____
--

**b. Name:**

Sex: <b>M</b> <input type="checkbox"/> <b>F</b> <input type="checkbox"/> Ht: _____ Wt: _____ Hair color: _____ Eye color: _____ Race: _____ Age: _____ Date of Birth: _____ Address: _____ City: _____ State: _____ Zip Code: _____
--

**c. Name:**

Sex: <b>M</b> <input type="checkbox"/> <b>F</b> <input type="checkbox"/> Ht: _____ Wt: _____ Hair color: _____ Eye color: _____ Race: _____ Age: _____ Date of Birth: _____ Address: _____ City: _____ State: _____ Zip Code: _____
--

**d. Name:**

Sex: <b>M</b> <input type="checkbox"/> <b>F</b> <input type="checkbox"/> Ht: _____ Wt: _____ Hair color: _____ Eye color: _____ Race: _____ Age: _____ Date of Birth: _____ Address: _____ City: _____ State: _____ Zip Code: _____
--

**e. Name:**

Sex: <b>M</b> <input type="checkbox"/> <b>F</b> <input type="checkbox"/> Ht: _____ Wt: _____ Hair color: _____ Eye color: _____ Race: _____ Age: _____ Date of Birth: _____ Address: _____ City: _____ State: _____ Zip Code: _____
--

**f. Name:**

Sex: <b>M</b> <input type="checkbox"/> <b>F</b> <input type="checkbox"/> Ht: _____ Wt: _____ Hair color: _____ Eye color: _____ Race: _____ Age: _____ Date of Birth: _____ Address: _____ City: _____ State: _____ Zip Code: _____
--

**g. Name:**

Sex: <b>M</b> <input type="checkbox"/> <b>F</b> <input type="checkbox"/> Ht: _____ Wt: _____ Hair color: _____ Eye color: _____ Race: _____ Age: _____ Date of Birth: _____ Address: _____ City: _____ State: _____ Zip Code: _____
--

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

- This form is submitted with the initial filing (*date*): \_\_\_\_\_
- This is an amended form (*date*): \_\_\_\_\_

**Important: This form MUST NOT become part of the public court file. It is confidential and private.**

Fill out as much of this form as you can and give it to the court clerk. If the court issues a restraining order, this form will provide law enforcement with information that will help them enforce it. If any of this information changes, fill out a new (amended) form.

<b>Case Number</b> ( <i>if you know it</i> ): _____
---

**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 (*optional*): \_\_\_\_\_

Vehicle (*Type, Model, Year*): \_\_\_\_\_ (*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: \_\_\_\_\_

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

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

Employer: \_\_\_\_\_

Occupation/Title: \_\_\_\_\_ Work Hours: \_\_\_\_\_

Driver's License Number and State: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Vehicle (*Type, Model, Year*): \_\_\_\_\_ (*License Number and State*): \_\_\_\_\_

Describe any marks, scars, or tattoos: \_\_\_\_\_

Other names used by the restrained person: \_\_\_\_\_

**3 Guns or Firearms** Describe any guns or firearms that you believe the person in **2** owns or has access to (*Number, types, and locations*):

\_\_\_\_\_

\_\_\_\_\_

**4 Other People to Be Protected**

<u>Name</u>	<u>Date of Birth</u>	<u>Sex</u>	<u>Race</u>	<u>Relation to Person in 1</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Additional persons to be protected are listed on Attachment 4.

**This is not a Court Order—Do not place in court file.**

**ATTACHMENT - ADDITIONAL PROTECTED PERSONS**

SHORT TITLE:	CASE NUMBER:
--------------	--------------

INSTRUCTIONS FOR USE

This form should be used as an attachment to list additional protected persons on:

- |   |   |
|---|---|
| <input type="checkbox"/> <b>Civil Harassment (Item 3)</b><br>(CH-100; CH-110; CH-130) | <input type="checkbox"/> <b>Elder/Dependent Abuse (Item 3)</b><br>(EA-100 (Item 6); EA-110; EA-130) |
| <input type="checkbox"/> <b>School Violence (Item 4)</b><br>(SV-100; SV-110; SV-130)  | <input type="checkbox"/> <b>Workplace Violence (Item 4)</b><br>(WV-100; WV-110; WV-130)             |
| <input type="checkbox"/> <b>CLETS (Item 4)</b><br>(CLETS-001)                         |   |

Additional protected person(s) are:

**a. Name:**

Sex: M <input type="checkbox"/> F <input type="checkbox"/> Age: _____ Lives with you? <input type="checkbox"/> Yes <input type="checkbox"/> No How is he/she related to you? _____
--

**b. Name:**

Sex: M <input type="checkbox"/> F <input type="checkbox"/> Age: _____ Lives with you? <input type="checkbox"/> Yes <input type="checkbox"/> No How is he/she related to you? _____
--

**c. Name:**

Sex: M <input type="checkbox"/> F <input type="checkbox"/> Age: _____ Lives with you? <input type="checkbox"/> Yes <input type="checkbox"/> No How is he/she related to you? _____
--

**d. Name:**

Sex: M <input type="checkbox"/> F <input type="checkbox"/> Age: _____ Lives with you? <input type="checkbox"/> Yes <input type="checkbox"/> No How is he/she related to you? _____
--

**e. Name:**

Sex: M <input type="checkbox"/> F <input type="checkbox"/> Age: _____ Lives with you? <input type="checkbox"/> Yes <input type="checkbox"/> No How is he/she related to you? _____
--

**f. Name:**

Sex: M <input type="checkbox"/> F <input type="checkbox"/> Age: _____ Lives with you? <input type="checkbox"/> Yes <input type="checkbox"/> No How is he/she related to you? _____
--

**g. Name:**

Sex: M <input type="checkbox"/> F <input type="checkbox"/> Age: _____ Lives with you? <input type="checkbox"/> Yes <input type="checkbox"/> No How is he/she related to you? _____
--

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):   TELEPHONE NO.: _____ FAX NO. (Optional): _____ EMAIL ADDRESS: _____ ATTORNEY FOR (Name): _____	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO</b> <input type="checkbox"/> CENTRAL COURTHOUSE, 1100 UNION ST., SAN DIEGO, CA 92101 <input type="checkbox"/> HALL OF JUSTICE, 330 W. BROADWAY, SAN DIEGO, CA 92101 <input type="checkbox"/> NORTH COUNTY DIVISION, 325 S. MELROSE DR., VISTA, CA 92081 <input type="checkbox"/> EAST COUNTY DIVISION, 250 E. MAIN ST., EL CAJON, CA 92020 <input type="checkbox"/> SOUTH COUNTY DIVISION, 500 3RD AVE., CHULA VISTA, CA 91910	
In the Matter of:	
Petitioner(s):	
Respondent(s):	
<b>Request for Free Service of the Order and Injunctions (CCP § 527.6(a)(1) and 527.8; Family Code § 6200 et seq; Welfare and Institutions Code § 15600 et seq); and Sheriff's Reimbursement</b>	
CASE NUMBER	

**REQUEST FOR FREE SERVICE:**

1. Your name (person asking for service of Order or Injunction): \_\_\_\_\_

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

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

Your lawyer (if you have one): \_\_\_\_\_

2. I am entitled to free service of the restraining order or injunction by the sheriff because:
- a.  I asked for a domestic violence prevention restraining order on Form DV-100.
  - b.  I asked for a civil harassment restraining order on Form CH-100 and my request was based on my fear of
    - i.  stalking
    - ii.  a credible threat of violence
  - c.  I have requested a restraining order under the Elder Abuse and Dependent Adult Civil Protection Act.
  - d.  I have asked for a civil harassment restraining order for an employee and the request was based on that employee's fear of
    - i.  stalking
    - ii.  a credible threat of violence
  - e.  I have requested a restraining order to enforce a protective order issued under the Family Code

Date: \_\_\_\_\_

(TYPE OR PRINT NAME) (SIGNATURE)

**INSTRUCTIONS FOR LAW ENFORCEMENT:**

Government Code § 6103.2 allows the sheriff to bill the court only for orders or injunctions that were served, where service was canceled or where the respondent was not found so long as the amount sought does not exceed the allowable amounts provided in Government Code § 26721, 26736 and 26731.  
 To seek reimbursement for service, fill out the box below and a copy of this form must be returned to the court listed above.

Service of the order was made or attempted on (date):	Fee for service: \$ _____
Date:	
_____	_____
(TYPE OR PRINT LAW ENFORCEMENT REPRESENTATIVE)	SIGNATURE
	_____
	(TYPE OR PRINT TITLE AND AGENCY)

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):  TELEPHONE NO.: _____ FAX NO. (Optional): _____ EMAIL ADDRESS: _____ ATTORNEY FOR (Name): _____		<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO</b> <input type="checkbox"/> CENTRAL DIVISION, HALL OF JUSTICE, 330 W. BROADWAY, SAN DIEGO, CA 92101 <input type="checkbox"/> CENTRAL DIVISION, JUVENILE COURT, 2851 MEADOW LARK DR., SAN DIEGO, CA 92123 <input type="checkbox"/> EAST COUNTY DIVISION, 250 E. MAIN ST., EL CAJON, CA 92020 <input type="checkbox"/> NORTH COUNTY DIVISION, 325 S. MELROSE DR., VISTA, CA 92081 <input type="checkbox"/> SOUTH COUNTY DIVISION, 500 3RD AVE., CHULA VISTA, CA 91910		
CASE NAME: _____		
<b>CIVIL CASE COVER SHEET</b> <input type="checkbox"/> <b>Unlimited</b> (Amount demanded exceeds \$25,000)	<input type="checkbox"/> <b>Limited</b> (Amount demanded is \$25,000 or less)	<b>Complex Case Designation</b> <input type="checkbox"/> Counter <input type="checkbox"/> Joinder Filed with first appearance by defendant (Cal. Rules of Court, rule 3.402)
		CASE NUMBER: _____  JUDGE: _____ DEPT.: _____

*Items 1–6 below must be completed (see instructions on page 2).*

1. Check **one** box below for the case type that best describes this case:

<b>Auto Tort</b> <input type="checkbox"/> Auto (22) <input type="checkbox"/> Uninsured motorist (46) <b>Other PI/PD/WD (Personal Injury/Property Damage/Wrongful Death) Tort</b> <input type="checkbox"/> Asbestos (04) <input type="checkbox"/> Product liability (24) <input type="checkbox"/> Medical malpractice (45) <input type="checkbox"/> Other PI/PD/WD (23) <b>Non-PI/PD/WD (Other) Tort</b> <input type="checkbox"/> Business tort/unfair business practice (07) <input type="checkbox"/> Civil rights (08) <input type="checkbox"/> Defamation (13) <input type="checkbox"/> Fraud (16) <input type="checkbox"/> Intellectual property (19) <input type="checkbox"/> Professional negligence (25) <input type="checkbox"/> Other non-PI/PD/WD tort (35) <b>Employment</b> <input type="checkbox"/> Wrongful termination (36) <input type="checkbox"/> Other employment (15)	<b>Contract</b> <input type="checkbox"/> Breach of contract/warranty (06) <input type="checkbox"/> Rule 3.740 collections (09) <input type="checkbox"/> Other collections (09) <input type="checkbox"/> Insurance coverage (18) <input type="checkbox"/> Other contract (37) <b>Real Property</b> <input type="checkbox"/> Eminent domain/Inverse condemnation (14) <input type="checkbox"/> Wrongful eviction (33) <input type="checkbox"/> Other real property (26) <b>Unlawful Detainer</b> <input type="checkbox"/> Commercial (31) <input type="checkbox"/> Residential (32) <input type="checkbox"/> Drugs (38) <b>Judicial Review</b> <input type="checkbox"/> Asset forfeiture (05) <input type="checkbox"/> Petition re: arbitration award (11) <input type="checkbox"/> Writ of mandate (02) <input type="checkbox"/> Other judicial review (39)	<b>Provisionally Complex Civil Litigation (Cal. Rules of Court, rules 3.400–3.403)</b> <input type="checkbox"/> Antitrust/Trade regulation (03) <input type="checkbox"/> Construction defect (10) <input type="checkbox"/> Mass tort (40) <input type="checkbox"/> Securities litigation (28) <input type="checkbox"/> Environmental/Toxic tort (30) <input type="checkbox"/> Insurance coverage claims arising from the above listed provisionally complex case types (41) <b>Enforcement of Judgment</b> <input type="checkbox"/> Enforcement of judgment (20) <b>Miscellaneous Civil Complaint</b> <input type="checkbox"/> RICO (27) <input type="checkbox"/> Other complaint ( <i>not specified above</i> ) (42) <b>Miscellaneous Civil Petition</b> <input type="checkbox"/> Partnership and corporate governance (21) <input type="checkbox"/> Other petition ( <i>not specified above</i> ) (43)
--	--	--

2. This case  is  is not complex under rule 3.400 of the California Rules of Court. If the case is complex, mark the factors requiring exceptional judicial management:

a. <input type="checkbox"/> Large number of separately represented parties	d. <input type="checkbox"/> Large number of witnesses
b. <input type="checkbox"/> Extensive motion practice raising difficult or novel issues that will be time-consuming to resolve	e. <input type="checkbox"/> Coordination with related actions pending in one or more courts in other counties, states, or countries, or in a federal court
c. <input type="checkbox"/> Substantial amount of documentary evidence	f. <input type="checkbox"/> Substantial postjudgment judicial supervision

3. Remedies sought (*check all that apply*): a.  monetary b.  nonmonetary; declaratory or injunctive relief c.  punitive

4. Number of causes of action (*specify*): \_\_\_\_\_

5. This case  is  is not a class action suit.

6. If there are any known related cases, file and serve a notice of related case. (*You may use form CM-015.*)

Date: \_\_\_\_\_

(TYPE OR PRINT NAME)

(SIGNATURE OF PARTY OR ATTORNEY FOR PARTY)

**NOTICE**

- Plaintiff must file this cover sheet with the first paper filed in the action or proceeding (except small claims cases or cases filed under the Probate Code, Family Code, or Welfare and Institutions Code). (Cal. Rules of Court, rule 3.220.) Failure to file may result in sanctions.
- File this cover sheet in addition to any cover sheet required by local court rule.
- If this case is complex under rule 3.400 et seq. of the California Rules of Court, you must serve a copy of this cover sheet on all other parties to the action or proceeding.
- Unless this is a collections case under rule 3.740 or a complex case, this cover sheet will be used for statistical purposes only.

**To Plaintiffs and Others Filing First Papers.** If you are filing a first paper (for example, a complaint) in a civil case, you **must** complete and file, along with your first paper, the Civil Case Cover Sheet contained on page 1. This information will be used to compile statistics about the types and numbers of cases filed. You must complete items 1 through 6 on the sheet. In item 1, you must check **one** box for the case type that best describes the case. If the case fits both a general and a more specific type of case listed in item 1, check the more specific one. If the case has multiple causes of action, check the box that best indicates the **primary** cause of action. To assist you in completing the sheet, examples of the cases that belong under each case type in item 1 are provided below. A cover sheet must be filed only with your initial paper. Failure to file a cover sheet with the first paper filed in a civil case may subject a party, its counsel, or both to sanctions under rules 2.30 and 3.220 of the California Rules of Court.

**To Parties in Rule 3.740 Collections Cases.** A "collections case" under rule 3.740 is defined as an action for recovery of money owed in a sum stated to be certain that is not more than \$25,000, exclusive of interest and attorney's fees, arising from a transaction in which property, services, or money was acquired on credit. A collections case does not include an action seeking the following: (1) tort damages, (2) punitive damages, (3) recovery of real property, (4) recovery of personal property, or (5) a prejudgment writ of attachment. The identification of a case as a rule 3.740 collections case on this form means that it will be exempt from the general time-for-service requirements and case management rules, unless a defendant files a responsive pleading. A rule 3.740 collections case will be subject to the requirements for service and obtaining a judgment in rule 3.740.

**To Parties in Complex Cases.** In complex cases only, parties must also use the Civil Case Cover Sheet to designate whether the case is complex. If a plaintiff believes the case is complex under rule 3.400 of the California Rules of Court, this must be indicated by completing the appropriate boxes in items 1 and 2. If a plaintiff designates a case as complex, the cover sheet must be served with the complaint on all parties to the action. A defendant may file and serve no later than the time of its first appearance a joinder in the plaintiff's designation, a counter-designation that the case is not complex, or, if the plaintiff has made no designation, a designation that the case is complex.

### CASE TYPES AND EXAMPLES

#### Auto Tort

Auto (22)–Personal Injury/Property Damage/Wrongful Death  
Uninsured Motorist (46) (*if the case involves an uninsured motorist claim subject to arbitration, check this item instead of Auto*)

#### Other PI/PD/WD (Personal Injury/Property Damage/Wrongful Death) Tort

Asbestos (04)  
Asbestos Property Damage  
Asbestos Personal Injury/Wrongful Death  
Product Liability (*not asbestos or toxic/environmental*) (24)  
Medical Malpractice (45)  
Medical Malpractice–Physicians & Surgeons  
Other Professional Health Care Malpractice  
Other PI/PD/WD (23)  
Premises Liability (e.g., slip and fall)  
Intentional Bodily Injury/PD/WD (e.g., assault, vandalism)  
Intentional Infliction of Emotional Distress  
Negligent Infliction of Emotional Distress  
Other PI/PD/WD

#### Non-PI/PD/WD (Other) Tort

Business Tort/Unfair Business Practice (07)  
Civil Rights (e.g., discrimination, false arrest) (*not civil harassment*) (08)  
Defamation (e.g., slander, libel) (13)  
Fraud (16)  
Intellectual Property (19)  
Professional Negligence (25)  
Legal Malpractice  
Other Professional Malpractice (*not medical or legal*)  
Other Non-PI/PD/WD Tort (35)

#### Employment

Wrongful Termination (36)  
Other Employment (15)

#### Contract

Breach of Contract/Warranty (06)  
Breach of Rental/Lease  
Contract (*not unlawful detainer or wrongful eviction*)  
Contract/Warranty Breach–Seller Plaintiff (*not fraud or negligence*)  
Negligent Breach of Contract/Warranty  
Other Breach of Contract/Warranty  
Collections (e.g., money owed, open book accounts) (09)  
Collection Case–Seller Plaintiff  
Other Promissory Note/Collections Case  
Insurance Coverage (*not provisionally complex*) (18)  
Auto Subrogation  
Other Coverage  
Other Contract (37)  
Contractual Fraud  
Other Contract Dispute

#### Real Property

Eminent Domain/Inverse Condemnation (14)  
Wrongful Eviction (33)  
Other Real Property (e.g., quiet title) (26)  
Writ of Possession of Real Property  
Mortgage Foreclosure  
Quiet Title  
Other Real Property (*not eminent domain, landlord/tenant, or foreclosure*)

#### Unlawful Detainer

Commercial (31)  
Residential (32)  
Drugs (38) (*if the case involves illegal drugs, check this item; otherwise, report as Commercial or Residential*)

#### Judicial Review

Asset Forfeiture (05)  
Petition Re: Arbitration Award (11)  
Writ of Mandate (02)  
Writ–Administrative Mandamus  
Writ–Mandamus on Limited Court Case Matter  
Writ–Other Limited Court Case Review  
Other Judicial Review (39)  
Review of Health Officer Order  
Notice of Appeal–Labor Commissioner Appeals

#### Provisionally Complex Civil Litigation (Cal. Rules of Court Rules 3.400–3.403)

Antitrust/Trade Regulation (03)  
Construction Defect (10)  
Claims Involving Mass Tort (40)  
Securities Litigation (28)  
Environmental/Toxic Tort (30)  
Insurance Coverage Claims (*arising from provisionally complex case type listed above*) (41)

#### Enforcement of Judgment

Enforcement of Judgment (20)  
Abstract of Judgment (Out of County)  
Confession of Judgment (*non-domestic relations*)  
Sister State Judgment  
Administrative Agency Award (*not unpaid taxes*)  
Petition/Certification of Entry of Judgment on Unpaid Taxes  
Other Enforcement of Judgment Case

#### Miscellaneous Civil Complaint

RICO (27)  
Other Complaint (*not specified above*) (42)  
Declaratory Relief Only  
Injunctive Relief Only (*non-harassment*)  
Mechanics Lien  
Other Commercial Complaint Case (*non-tort/non-complex*)  
Other Civil Complaint (*non-tort/non-complex*)

#### Miscellaneous Civil Petition

Partnership and Corporate Governance (21)  
Other Petition (*not specified above*) (43)  
Civil Harassment  
Workplace Violence  
Elder/Dependent Adult Abuse  
Election Contest  
Petition for Name Change  
Petition for Relief From Late Claim  
Other Civil Petition