

Attachment to Request for Domestic Violence Restraining Order

1. Have you participated in another case against the person who is to be restrained which involves child custody and/or visitation? Yes No
 Name of court and case number: _____
 The court's order or judgment regarding child custody and/or visitation was: _____

2. The child (ren) have been living with Mother Father Partner, since: _____ (approx. date)

3. Are you currently involved in a dependency case or with Child Protective Services? Yes No

4. I have an Emergency Protective Order, Criminal Temporary Restraining Order, or Criminal Restraining Order against the person who is to be restrained.
 Name of the Court and case number: _____
 I have had no previous restraining orders against the person who is to be restrained.

5. The most recent incident of abuse by the party to be restrained was _____ (approx. date)
 Restrained party: hit me on the: arms legs face head stomach back eye
 kicked me on the _____
 pushed and/or shoved me: into wall to the floor
 threatened me with a weapon (specify weapon and describe incident): _____
 pulled my hair
 strangled me
 left bruises; describe: _____
 sexually abused me, describe: _____
 City Police/Sheriff was called; Restrained party was arrested
 Was a report taken? Yes No Report number: _____
 Other injuries: _____

6. The second most recent incident of abuse by the restrained party was: _____ (approx. date)
 Restrained party: hit me on the: arms legs face head stomach back eye
 kicked me on the _____
 pushed and/or shoved me: into wall to the floor
 threatened me with a weapon (specify weapon and describe incident): _____
 pulled my hair
 strangled me
 left bruises; describe: _____
 sexually abused me, describe: _____
 City Police/Sheriff was called; Restrained party was arrested
 Was a report taken? Yes No Report number: _____
 Other injuries: _____

7. The third most recent incident of abuse by the restrained party was: _____.

(approx. date)

- Restrained party: hit me on the: arms legs face head stomach back eye
 kicked me on the _____.
 pushed and/or shoved me: into wall to the floor
 threatened me with a weapon (specify weapon and describe incident): _____
 pulled my hair
 strangled me
 left bruises; describe: _____
 sexually abused me, describe: _____
 City Police/Sheriff was called; Restrained party was arrested
Was a report taken? Yes No Report number: _____
 Other injuries: _____

8. Since the last act of abuse, explain the delay, if any, in seeking this restraining order:

9. The most recent incident of threats to kill me; beat me; take child(ren) was on _____.

(approx. date)

He/She said _____

10. Restrained party took our child(ren) on _____ and will not give them back.
(approx. date)

11. Restrained party has physically abused sexually molested the child(ren).
Children's Protective Services is is not involved.
Describe the abuse:

12. Other past incidence of abuse: _____

13. Restrained party has; does not have a firearms(s) which is registered; unregistered; do not know.

The firearm(s) is a (mark all applicable): hand-gun; rifle; other (describe) _____
I last saw the firearm(s) on _____.
(approx. date)

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 person to be protected)