Domestic Violence Restraining Order Packet

Your appointment with the legal department is scheduled for:

Date:_____ Time:_____

Please finish this packet before the day of your appointment. If your packet is unfinished, we will schedule you for a new date and time. If you need help with filling out the packet, please come to your appointment at least 30 minutes early. You can also call us at (209) 725-7900.

If you are more than 15 minutes late to your appointment, you will need to reschedule.

Please be aware that it can take up to two hours to work on your order. We know that our clients may have children; but because of how long it takes, we ask that you try to find other kinds of childcare to make this easy on you. You may bring them with you if you cannot find other childcare.

Valley Crisis Center will finish the forms to submit your temporary order. Once we take the forms to court, we have no control of how long it takes to get them signed by the judge and returned to us.

Once we do get the temporary order back from the court we will package it and call you to pick up your copies. When you do come in to pick up your order, someone will explain what the judge ordered, what you need to do next, and your court dates.

Please complete as much as possible.

Client Information (Name of Person Seeking Protection):

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____/_____/_____ Age: _____ Race: _____

Hair Color: _____ Eye Color: _____

Weight: _____ Height: _____ Gender: _____

Telephone Number: _____

Cell Phone Number: _____

Are You Requesting To Use Our Confidential Address? □ Yes □ No

What Is Your Relationship To The Other Party?

□ We are Married □ Used to be Married □ We Live Together □ Used to Live Together

□ We are Dating □ Used to Date □ We are the Parents of Minor Children

Other Party Information (Person you are Seeking Protection from):

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____/_____/_____ Age: _____ Race: _____

Hair Color: _____ Eye Color: _____

Weight: _____ Height: _____ Gender: _____

Driver's License Number: _____ State Issued In: _____

Telephone Number: _____

Cell Phone Number: _____

Scars, marks, or tattoos: _____

_____

Other Names Used by the Other Party:

_____

Is the Other Party Employed? □ Yes □ No If yes, please complete:

Employer: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Occupation/Job: _____

Work Hours: _____

Does The Other Party Have Access To Guns? □ Yes □ No

If yes, what kind, how many and where are they kept?

_____

Children Information (Minor Children That Are Both Yours and The Other Party's):

Name	Age	Date of Birth	Gender	Lives With You	Ethnicity
		/ /		□ Yes □ No	
		/ /		□ Yes □ No	
		/ /		□ Yes □ No	
		/ /		□ Yes □ No	
		/ /		□ Yes □ No	
		/ /		□ Yes □ No	

Do you want other people who live with you protected?

Name	Age	Date of Birth	Gender	Lives With You	Ethnicity
		/ /		□ Yes □ No	
		/ /		□ Yes □ No	
		/ /		□ Yes □ No	
		/ /		□ Yes □ No	
		/ /		□ Yes □ No	
		/ /		□ Yes □ No	

Do You Want To Change or Include Child Custody/Visitation Orders?

Change: □ Yes □ No Include: □ Yes □ No

Children Address for the Last 5 Years? (You Only Have to Fill Out if You Are Requesting Custody)

City, State	Child Lives With	Dates Lived There
_____	□ Mom □ Dad	_____To__Present__
_____	□ Mom □ Dad	_____To _____
_____	□ Mom □ Dad	_____To _____
_____	□ Mom □ Dad	_____To _____

Have You Been Involved In Any Other Court Cases: □ Yes □ No □ Unsure

If yes, what type of case?

□ Child Custody □ Divorce □ Criminal □ Domestic Violence □ Juvenile

□ Civil Harassment

If So, What County, Year Filed And Case Number:

County: _____ Case Number: _____ Year: _____

Do You Have A Current Emergency Protective Order? □ Yes □ No

This Is an Order Issued By Police Only

Case Number: _____ Date of Order: _____ Expiration Date: _____

Do You Have A Criminal Protective Order In Place At This Time?

□ Yes □ No □ Unsure

Case Number: _____ Date of Order: _____ Expiration Date: _____

Are You Requesting a Move Out Order? □ Yes □ No
If you both are currently living at the same address and would like the Other Party to move out.

Is the Address the Same as Above? □ Yes □ No If No, What is the Address?

Address: _____

City: _____ State: _____ Zip Code: _____

Do You Want Temporary Control/Use Of Property? □ Yes □ No
Please list any houses, cars, or personal belongings you want control of:

_____

Would You Like To Have Any Animals Protected In This Order? □ Yes □ No
Please List:

_____

Would You Like Rights To Mobile Devices And Wireless Phone Accounts? Yes / No (if yes please list the type of phone(s) and number(s) below)

Phone Number(s):

Make/Model: _____ (_____) _____-_____

Make/Model: _____ (_____) _____-_____

Make/Model: _____ (_____) _____-_____

Make/Model: _____ (_____) _____-_____

Are There Any Pictures, Emails Or Text Messages You Would Like To Include?

□ Yes □ No

A Domestic Violence Restraining Order Protects People From Abuse.

It is important that you complete the next three pages with as much detail and as accurate as possible from the incidents only. If you need additional room, please use the back of the packet.

Most Recent Incident of Abuse

Date of Most Recent Abuse: _____

Who Was There? _____

What did the other party do or say that made you afraid?

_____

_____

_____

_____

_____

_____

_____

_____

_____

Describe Any Injuries: _____

Did The Police Come? □ Yes □ No

If Yes, Did You Receive An Emergency Protective Order? □ Yes □ No

Case Number: _____ Date of Order: _____ Expiration Date: _____

Is The Other Party in Jail or Prison? □ Yes □ No

If Yes, Where? □ Sandy Mush □ Main Jail □ Other: _____

Second Most Recent Incident of Abuse

Date of Second Most Recent Abuse: _____

Who Was There? _____

What did the other party do or say that made you afraid?

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Describe Any Injuries: _____

Did The Police Come? □ Yes □ No

If Yes, Did You Receive An Emergency Protective Order? □ Yes □ No

Case Number: _____ Date of Order: _____ Expiration Date: _____

Please Provide A Brief History Of Your Relationship With The Other Party.

_____

_____

_____

_____

_____

_____

_____

_____

_____

How Are You Going To Have The Other Party Served With The Temporary Restraining Order?

□ Merced Sheriff's Department

□ Friend/Family Member who is 18 years or older and not on the order

Will you need interpreter assistance at court? □ Yes □ No

Additional Information:

Has the Other Party Ever Done the Following?
(Check all that they have done to you)

- □ Slapped
- □ Tried to Smother
- □ Shake
- □ Bang Head
- □ Push to the Ground
- □ Bite
- □ Grabbed
- □ Squeezed
- □ Kicked
- □ Scratch
- □ Abused the Children
- □ Hit with Objects
- □ Burned Things
- □ Broken Things
- □ Twisted Arm
- □ Ripped Clothing
- □ Forced to Have Sex
- □ Forced to Have/Perform Oral Sex
- □ Forced to Have/Perform Anal Sex
- □ Spit in Face
- □ Pulled Hair
- □ Wrestled
- □ Pinned Down
- □ Tied Up
- □ Choked
- □ Shoved
- □ Punched
- □ Hurt Pets
- □ Criticizes How You Look
- □ Threatens to Take Kids
- □ Tracks Your Time
- □ Criticizes Your Intelligence
- □ Criticizes Your Work
- □ Criticizes Your Housework
- □ Prevents you from seeing Family
- □ Criticizes Parenting Skills
- □ Prevents You From Activities
- □ Threatens to Kill You
- □ Insults in Front of Others
- □ Thrown Things
- □ Damaged the Car

Injuries You Have Gotten from The Other Party:

(Check all the injuries you may have gotten from the Other Party)

- □ **Bruises**
- □ **Bleeding**
- □ **Concussions**
- □ **Back Injuries**
- □ **Cuts**
- □ **Black Eyes**
- □ **Shaking**
- □ **Cuts Needing Stitches**
- □ **Sprains**
- □ **Broken Bones**
- □ **Burns**
- □ **Scratches**
- □ **Injuries from Sex**
- □ **Crying**
- □ **Sought Medical Care**
- □ **Hopelessness**
- □ **Panic Attacks**
- □ **Nightmares**
- □ **Anxiety**
- □ **Depression**
- □ **Insomnia/Lack of Sleep**

Does The Other Party Call You Names?

(Please list all Names The Other Party Calls You)

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____