Civil Harassment 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

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: ____

Do you want other people who live with you protected?

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

What is your Relationship to the Other Party? (How do you know them?):

____

Why are you filing in this county?

□ The Other Party Lives in this County □ The Other Party Harassed Me in this County

□ Other: ______________________

Have You or Any of the Additional Protective Persons Been Involved In Any Other Court Cases: □ Yes □ No □ Unsure

If yes, the case type: ______________________

What County, Year Filed And Case Number:

County: ____________ Case Number: ____________ Year: __________

Are there now any protective orders in effect relating to you or any of the additional protective people and the Other Party? □ Yes □ No

Would You Like To Have Any Animals Protected In This Order? □ **Yes** □ **No**

Please List:

Do you have any additional requests or orders? □ **Yes** □ **No** If Yes, Describe:

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

Is the victim a Minor? □ **Yes** □ **No**

If yes, would you like the case to be kept confidential from the public? □ Yes □ No

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

A Civil Harassment 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? ____

How did the Other Party harm/harass you?

____

____

____

____

____

____

____

____

Did the Other Party use a Gun or Other Weapon? □ Yes □ No

If yes, explain: ____

Were you harmed or injured because of the incident? □ Yes □ No

If yes, explain: ____

Did The Police Come? □ Yes □ No

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

Case Number: _______________ Date of Order: _____________ Expiration Date: _____________

Description of Other Assault/Harassment Incidents:

Have they assaulted or harassed you at other times? □ Yes □ No

Dates of Other Incidents: ____

How did the Other Party harm/harass you? Please list dates then the description of the incident.

(Example: 01/01/2018 – Incident Information)

____

____

____

____

____

____

____

____

____

____

____

____

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)

______________________________ ______________________________ ______________________________

______________________________ ______________________________ ______________________________

______________________________ ______________________________ ______________________________

______________________________ ______________________________ ______________________________

______________________________ ______________________________ ______________________________