

PLUMAS COUNTY VICTIM ASSISTANCE PROGRAM

KORI BOUMA - DIRECTOR
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TODD JOHNS, Sheriff/Coroner
PROGRAM EXECUTIVE DIRECTOR



The attached Restraining Order Forms must be filled out completely on both sides.

In order for the Judge to grant the order there must have been threats to do harm or acts of violence done to you. You will need to write out in detail what the person you want the Restraining Order against has done to you. You will need to be specific as to Date etc. and exactly what they did or said. If you just say they are harassing or threatening you, the Judge will deny the order. The distance you ask for the person to stay away must still allow them to get to their home and place of employment.

If you have any questions while filling out the forms please call our office.

Once you return the completed forms to Victim Witness we will make copies and submit them to the Judge.

The Judge makes the decision as to whether the order gets signed or not. Victim Witness has no control over this.

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AUTHORIZATION TO RELEASE INFORMATION

RE: _____ Case Number: _____

In order to provide maximum assistance, the VICTIM/WITNESS ASSISTANCE PROGRAM is hereby authorized to request, release and/or otherwise share confidential information regarding the above named and the agency and individuals listed below, allowing the agencies/individuals listed below to release/share confidential information with VICTIM/WITNESS ASSISTANCE PROGRAM:

Plumas County District Attorney's Office; Plumas County Superior Court Judges; Plumas County Probation Department; Plumas County Mental Health; Plumas County Department of Social Services; Plumas County Sheriff's Office; Plumas Unified School District; Plumas Crisis Resource and Referral Center; California Highway Patrol; Plumas County Housing Authority; Plumas County Food Banks; Salvation Army; Plumas County Veterans Service Office; Plumas Rural Services; Plumas Family Court Services; Plumas County Health Department; Plumas County Hospitals; California Victims of Crime Program; Plumas County Appointed Mediator; Plumas Rural Services CHAT Program; Victim/Witness Center in _____ County;
Other: _____

NOTICE: The Victim Witness Staff are Mandated by law to report any disclosure of child or elder abuse.

The undersigned warrants that he/she has full legal authority to give this permission on behalf of the person named above. This authorization will not expire until the authorized person requests the termination.

Authorized Person's Signature: _____

Relationship to person named above: _____ Date: _____

Address: _____ Date of Birth: _____

Town/State: _____ Zip: _____

Witness: _____ Date: _____

Please complete as much of this form as possible. This will help us determine the services available to you.

PLEASE PRINT

Your Name: _____ DOB: _____

(Include all names you have used in the past)

The following personal information is used by the Sheriff's office for restraining order information. The defendant will NOT see this form.

Height _____ Weight _____ Hair Color _____ Eye Color _____ Race _____

Mailing Address: _____

Town/State: _____ Zip Code: _____

Your Physical Address: _____

Home Phone: _____ Work/Mess Phone _____

List the names and dates of birth of other family members (for example: spouse, partner, children)

Please provide as much information about the offender as possible.

Name: _____

Sex: _____ Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

Race: _____ Age: _____ Date of Birth: _____ Phone: _____

Physical Address: _____

Place of Employment: _____

Vehicle Description: _____

Any Distinctive features? (i.e.; facial hair, scars, tattoos, etc.): _____

Nicknames, AKA's: _____

Social Security #: _____ Drivers License # _____

Briefly explain what happened and the date of the crime: _____

Did you report the above incident to a law enforcement agency?

- YES
- NO

If yes, When? _____ Agency? _____

Report Number: _____ Deputy's name: _____

Was the suspect arrested?

- YES
- NO

Were there any weapons involved in this crime?

- YES Type: _____
- NO

Have you filed a protective order against the defendant?

- YES When and Where? _____
- NO

Name and phone number of emergency contact: _____

Who referred you to our agency? _____

NOTICE: While the Victim/Witness office is confidential, The staff are mandated by law to report and disclosure of child or elder abuse.

Client Signature

Date

v/w

CH-100

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 email.)

Address: _____
 City: _____ State: _____ Zip: _____
 Telephone: _____ Fax: _____
 Email Address: _____

Fill in court name and street address:

Superior Court of California, County of PLUMAS
 520 MAIN STREET RM 104
 QUINCY CA 95971

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	Gender	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.

Horizontal lines for writing the answer to question 7a(3).

(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.

Horizontal lines for writing the answer to question 4.

(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.

Horizontal lines for writing the answer to question 5.

(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.

Horizontal lines for writing the answer to question 7b.

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 email, 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 Firearms (Guns), Firearm Parts, and Ammunition

Does the person in **(2)** own or possess any firearms (guns), firearm parts, or ammunition? This includes firearm receivers and frames, and any item that may be used as or easily turned into a receiver or frame (see Penal Code section 16531). 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 firearms (guns), firearm parts, 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 firearms (guns) and firearm parts within their 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 or 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.