

PLUMAS COUNTY VICTIM ASSISTANCE PROGRAM

KORI BOUMA - DIRECTOR
1400 E MAIN STREET
Quincy, Ca. 95971
Telephone (530) 283-6285
Fax (530) 283-6226

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

EA-100

Request for Elder or Dependent Adult Abuse Restraining Orders

Clerk stamps date here when form is filed.

Read *Can a Restraining Order to Prevent Elder or Dependent Adult Abuse Help Me?* (form EA-100-INFO) before completing this form. Also fill out *Confidential CLETS Information* (form CLETS-001) with as much information as you know.

1 Elder or Dependent Adult in Need of Protection

Full Name: _____
Gender: M F Nonbinary Age: _____

2 Person From Whom Protection Is Sought

Full Name: _____
Address (if known): _____
City: _____ State: _____ Zip: _____

Fill in court name and street address:
Superior Court of California, County of PLUMAS
520 MAIN STREET RM 104
QUINCY CA 95971

3 Person Requesting Order

Who is asking the court for protection? (Check a, b, or c):

a. The elder or dependent adult named in ①.
b. Name: _____
conservator of the person estate person and estate
of the person named in ①, appointed by (name of court): _____
Case No.: _____

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

c. Other (name) _____
(Show this person's legal authority to make this request on an attached sheet of paper. Write "Attachment 3c—Information About Person Requesting Protective Order" for a title. You may use form MC-025, Attachment.)

4 Contact Information

Contact information for the person asking the court for protection

a. 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. The person in ① does not have to give telephone, fax, or email.)

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

This is not a Court Order.

5 Description of Protected Person

The person named in ① (check a or b):

- a. Is age 65 or older and a resident of California.
- b. Is a resident of California and an adult under age 65. This person has physical or mental limitations that restrict his or her ability to carry out normal activities or to protect his or her rights. (Briefly describe limitations on the attached sheet of paper or form MC-025. Write "Attachment 5b--Description of Protected Person" for a title.)

6 Additional Protected Persons

- a. Are you asking for protection for any other family or household members or for the conservator of the elder or dependent adult listed in ①? Yes No (If yes, list them):

Full Name	Gender	Age	Relation to person in ①?	Lives with person in ①?
_____	_____	_____	_____	<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 6a--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 6b--Why Others Need Protection" for a title.

7 Relationship of Parties

How does the person in ① 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 7--Relationship of Parties" for a title.

This is not a Court Order.



8 Description of Abuse

a. Abuse means either:

- (1) Physical abuse, neglect, financial abuse, abandonment, isolation, abduction, or other treatment with resulting physical harm or pain or mental suffering; or
- (2) The withholding by a caretaker of goods or services that are necessary to avoid physical harm or mental suffering.

b. Tell the court about the last time the person in ② abused the person in ①.

- (1) When did it happen? (Provide date or estimated date): _____
- (2) Who else was there? _____

(3) Describe what happened 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 8b(3)—Describe Abuse" for a title.

(4) Was the abuse **solely financial abuse** unaccompanied by force, threat, harassment, intimidation, or any other form of abuse?

Yes, only financial abuse. No, the abuse included other forms of abuse described above.

(5) 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 8b(5)—Use of Weapons" for a title.

(6) Was the person in ① harmed or injured as a result of the acts of abuse described above?

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 8b(6)—Harm or Injury" for a title.

(7) Did the police come? Yes No

If yes, did they give the person in ① or the person in ② an Emergency Protective Order? Yes No

If yes, the order protects (check all that apply):

- the person in ①
- the person in ②
- the persons in ⑥.

(Attach a copy of the order if you have one.)

This is not a Court Order.



Case Number: _____

- 8 c. Is the person in 2 a care custodian who deprived the person in 1 of (kept from the person, did not allow the person to have or receive, or did not provide the person with) goods or services that the person needed to avoid physical harm or mental suffering? Yes No
 (If yes, describe below what the person was deprived of and how that affected the person):
 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—Deprivation by Care Custodian" for a title.

- d. Has the person in 2 abused the person in 1 at other times?
 Yes No (If yes, describe prior incidents and provide dates 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 8d—Previous Abuse" for a title.

9 **Venue**

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

- a. The person in 2 lives in this county.
 b. The person in 1 was abused by the person in 2 in this county.
 c. Other (specify): _____

10 **Other Court Cases**

- a. Has the person in 1 or any of the persons named in 6 been involved in another court case with the person in 2? No Yes (If yes, specify the kind of each 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"/> Elder or Dependent Adult Abuse	_____	_____	_____
(2) <input type="checkbox"/> Civil Harassment	_____	_____	_____
(3) <input type="checkbox"/> Domestic Violence	_____	_____	_____
(4) <input type="checkbox"/> Divorce, Nullity, Legal Separation	_____	_____	_____
(5) <input type="checkbox"/> Paternity, Parentage, Child Custody	_____	_____	_____
(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 the person in 1 or any of the persons named in 6 and the person in 2? No Yes (If yes, attach a copy if you have one.)

This is not a Court Order.



Check the orders you want.

11 Personal Conduct Orders

I ask the court to order the person in ② **not** to do any of the following things to the person in ① or to any person to be protected listed in ⑥:

- a. Physically abuse, financially abuse, intimidate, molest, attack, strike, stalk, threaten, assault (sexually or otherwise), hit, harass, destroy the 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 11c—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.

12 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) The elder or dependent adult in ①.
- (2) The persons in ⑥.
- (3) The home of the elder or dependent adult.
- (4) The job or workplace of the elder or dependent adult.
- (5) The vehicle of the elder or dependent adult.
- (6) 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 12b—Stay-Away Orders" for a title.

This is not a Court Order.



13 **Move-Out Order**

I ask the court to order the person in **(2)** to move out from and not return to the residence at (address):

The person in **(1)** will suffer physical or emotional harm if the person in **(2)** does not leave the residence. The person in **(2)** is not named in the title or lease of the residence, either alone or with others beside the person in **(1)**.

I ask for this move-out order right away to last until the hearing, because:

- a. The person in **(2)** assaulted or threatened the person in **(1)**; and
- b. The person in **(1)** has the right to live at the above residence. *(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 13b—My Right to Residence" for a title.

14 **Order for Counseling or Anger Management Courses**

i This item is only available in instances of alleged physical abuse or deprivation of care, not in cases with only alleged financial abuse.

- a. I request the person in item **(2)** be ordered by the court to attend clinical counseling or anger management courses provided by a professional (a counselor, psychologist, psychiatrist, therapist, clinical social worker, or mental or behavioral health professional licensed in the State of California to provide counseling or anger management courses).
- b. Explain why you are requesting an order that the person in item **(2)** attend clinical counseling or anger management courses.
 - 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 14b—Counseling or Anger Management" for a title.

15 **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

*Unless the abuse is only financial, 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 gun dealer, any firearms (guns) and firearm parts within their immediate possession or control.*

This is not a Court Order.



16 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 EA-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 them?

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 16—Temporary Restraining Order" for a title.

17 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. (Read form EA-200-INFO, What Is "Proof of Personal Service"?, to learn about serving legal papers. Form EA-200, Proof of Personal Service, may be used to show the court that the papers have been served.)

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

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 17—Request to Give Less Than Five Days' Notice" for a title.

18 Debts Caused by Financial Abuse

You can ask the judge to decide at the hearing that certain debts or bills you have were caused by the person in 2's financial abuse. This may help you defend against the debt if you are sued in another case.

a. If you want the judge to make this special finding, list the debts or bills you have that were caused by the person in 2's financial abuse.

Check here if you want to list additional debts or bills that were caused by financial abuse. You can attach form MC-025 and write "Attachment 18a—Additional Debts" for a title.

Table with 3 columns: Money Owed To, For, Amount. Rows (1), (2), (3) with blank lines for input.

b. Describe what the person in 2 did to cause the debts and bills that you listed above. Provide as much detail as you can about the person in 2's financial abuse.

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 18b—How Debt Was Incurred" for a title.

This is not a Court Order.



19 **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 19—Lawyer's Fees and Costs" for a title.

20 **Possession and Protection of Animals**

I ask the court to order the following:

- a. That the person in **1** be given the sole possession, care, and control of the animals listed below, which they own, possess, lease, keep, or hold, or which reside in their 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 20a—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.

21 **No Fee to Serve Orders** *If you want the sheriff or marshal to serve (notify) the person in **2** about the orders for free, ask the court clerk what you need to do.*

This is not a Court Order.



Case Number: _____

22 **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 22—Additional Orders Requested" for a title.

23 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



Signature of person making this request

This is not a Court Order.