

**CORTE SUPERIOR CONDADO DE SAN BENITO**

**CENTRO DE AUTOAYUDA**

450 Fourth Street Hollister, CA 95023

# **¿Cómo Responder a una Orden de Restricción?**

## *Prevención de la Violencia Doméstica*

**ANTES DE PRESENTAR, LLEVE ESTOS FORMULARIOS  
COMPLETOS AL CENTRO DE AUTOAYUDA PARA UNA  
REVISIÓN.**

*Para obtener ayuda, acérquese durante nuestro horario de atención*

*sin cita previa **Lunes – Jueves 8:30am to 12:00pm***

*Puede comunicarse al **(831) 636-4057***

*O por correo electrónico [Self-help@sanbenito.courts.ca.gov](mailto:Self-help@sanbenito.courts.ca.gov)*

**SPANISH**



# Violencia Domestica

## Instrucciones para Responder

1. Complete los documentos adjuntos, Formulario DV-120 Response to Request for Domestic Violence Restraining Order.
2. Pida a alguien mayor de 18 años (**que no sea usted**) que envíe por correo una copia del formulario DV-120 Response to Request for Domestic Violence Restraining Order a la parte protegida. Por lo general, esto debe hacerse a más tardar 2 días antes de la audiencia; sin embargo, es mejor hacerlo lo antes posible para que la parte protegida y el tribunal tengan tiempo de recibirlo y revisarlo.
3. La persona que envía la copia debe completar el formulario adjunto **DV-250→ Proof of Service by Mail**
4. Lleve la Respuesta original y la Prueba de entrega original a la Secretaría de la Corte en 450 Fourth Street, Hollister CA para su presentación (también lleve una copia de cada documento a la secretaria y solicite que se presenten sellados para sus registros)
5. Vaya a su cita en la corte y traiga su copia



**¿Qué es una orden de restricción de violencia en el hogar?**

Esta es una orden de la corte que puede ayudar a proteger a las personas que han sido maltratadas o amenazadas con maltrato.

El maltrato puede ser físico o emocional. Puede ser verbal o escrito.

**¿Qué hace la orden?**

La corte puede ordenarle que:

- No tener contacto ni hacer daño a la persona protegida, a sus hijos o a otras personas indicadas como personas protegidas
- Permanezca alejado de todas las personas protegidas
- No tenga armas de fuego o municiones
- Mudarse del lugar que comparte con la persona protegida
- Obedezca órdenes de custodia y visitación de los hijos
- Pague manutención de los hijos
- Pague manutención del cónyuge
- Obedezca órdenes sobre la propiedad
- Cumplir otros tipos de órdenes (indicadas en el formulario DV-100)

**¿Quién puede pedir una orden de restricción de violencia en el hogar?**

La persona que pide la orden tiene que tener una relación con usted:

- Alguien con quien sale ahora o salía antes
- Su cónyuge, pareja de hecho registrada, comprometido o alguien de quien se separó o divorció o que fue su comprometido antes
- Una persona que vive o vivió con usted (más que simplemente un compañero de cuarto)
- Un padre, abuelo, hermano, hijo o nieto biológico, por matrimonio o adopción

**He recibido una solicitud de orden de restricción de violencia en el hogar. ¿Ahora qué hago?**

Lea los documentos muy cuidadosamente. Tiene que cumplir con todas las órdenes dictadas por el juez. El *Aviso de audiencia de la corte* le dice cuándo tiene que comparecer en la corte. Si no está de acuerdo con las órdenes solicitadas debería ir a la audiencia. Si no va a la audiencia, el juez puede dictar órdenes en su contra sin considerar su lado de los hechos.

**¿Qué pasará si no obedezco la orden de la corte?**

La policía lo puede arrestar. Puede ir a la cárcel y/o pagar una multa. La orden es válida, sea o no ciudadano de EE. UU. Si le preocupa su condición de inmigrante, hable con un abogado especializado en inmigración.

**¿Cuánto dura la orden?**

Si hay una *Orden de restricción temporal* en vigor, seguirá en vigor hasta la fecha de audiencia. En la audiencia, el juez decidirá si va a extender o cancelar la orden. El juez puede extender la orden por hasta cinco años. Las órdenes de custodia, visitación, manutención de los hijos y manutención del cónyuge pueden durar más que cinco años y no vencen cuando vence la orden de restricción.

**¿Qué pasa si no estoy de acuerdo con lo que dice la orden?**

Igual tiene que obedecer la orden hasta que se realice la audiencia. Si NO está de acuerdo con las órdenes que la otra persona está pidiendo, llene el formulario DV-120, *Respuesta a la solicitud de orden de restricción de violencia en el hogar*. Después de llenar el formulario, preséntelo ante el secretario de la corte y haga la “entrega legal” del formulario a la persona que está pidiendo la orden de restricción. “Entrega legal” quiere decir pedirle a una persona de al menos 18 años de edad (**no usted**) que le envíe una copia por correo a la otra parte. La persona que hace la entrega legal del formulario tiene que llenar el formulario DV-250, *Prueba de entrega por correo*. Después de haber llenado el formulario DV-250, se tiene que presentarlo ante el secretario de la corte. En la audiencia también usted tendrá la oportunidad de contar su lado de los hechos. Para obtener más información para prepararse para la audiencia, lea el formulario DV-520-INFO S, *Prepárese para la audiencia en la corte sobre la orden de restricción*.

**¿Tengo que pagar algo para presentar mi respuesta (formulario DV-120)?**

No.

**¿Qué hago si también se presentaron cargos penales en mi contra?**

Consulte con un abogado. Cualquier cosa que diga o escriba, incluso en este caso, se puede usar en su contra en un caso penal.

**¿Qué pasa si tengo un arma de fuego o municiones?**

Si se dicta una orden de restricción en su contra, no puede poseer, tener, ni ser dueño de una pistola u otra arma de fuego o municiones mientras la orden esté vigente. Si tiene una pistola u otra arma de fuego en su posesión inmediata o bajo su control, tiene que venderla o dárla para almacenar a un comerciante de armas autorizado o entregarla a una agencia del orden público. Tiene que demostrarle a la corte que entregó o vendió su arma de fuego. Para obtener más información, lea el formulario DV-800-INFO S, *Cómo entregar, vender o dar para almacenar sus armas de fuego*.

**¿Necesito abogado?**

No tiene derecho a un abogado sin cargo nombrado por la corte para este caso, pero le conviene tener un abogado para que lo represente o le dé asesoramiento, sobre todo si tiene hijos. Si no puede pagar por un abogado, puede representarse a sí mismo. Hay ayuda gratis o de bajo costo disponible en todos los condados. Para obtener ayuda, pregúntele al secretario de la corte cómo encontrar servicios legales gratis o de bajo costo y centros de autoayuda en su zona. También puede obtener ayuda legal con asuntos de manutención de los hijos en su oficina local del asistente de derecho familiar.

**¿Qué hago si no hablo inglés?**

Cuando presente su formulario DV-120, pregúntele al secretario si habrá un intérprete de la corte disponible en la audiencia. Si el intérprete de la corte no puede venir, lleve a alguien quien pueda servirle de intérprete. NO le pida a un menor de edad, a un testigo o a una de las personas protegidas por la orden que sea su intérprete.

**¿Qué hago si soy sordo o tengo impedimentos de audición?**

Están disponibles: sistemas para ayudarle a escuchar, sistemas computarizados que emiten subtítulos en tiempo real, o la ayuda de un intérprete del lenguaje de señas si los solicita al menos cinco días antes de la audiencia. Comuníquese con la oficina del secretario de la corte o vaya a: [www.courts.ca.gov/forms](http://www.courts.ca.gov/forms) para conseguir el formulario *Solicitud de modificaciones para personas con discapacidades y Respuesta* (formulario MC-410). (Código Civil, sección 54.8).

**¿Puedo usar una orden de restricción para divorciarme o dar por terminada una pareja de hecho registrada?**

No. Estos formularios no darán por terminado su matrimonio o pareja de hecho registrada. Para ello tendrá que presentar otros formularios.

**¿Qué pasa si tengo hijos con la persona que solicita protección?**

El juez puede dictar órdenes temporales de custodia y visitación de los hijos. Si el juez dicta una orden temporal de custodia de los hijos, el padre que tiene la custodia no puede sacar a su hijo de California sin previo aviso al otro padre y una audiencia en la corte. Lea la orden para saber si hay otras restricciones. Puede haber algunas excepciones. Para obtener más información, hable con un abogado.

**¿Qué hago si quiero irme del condado o el estado?**

Igual tiene que cumplir con la orden de restricción, incluyendo las órdenes de custodia y visitación. La orden de restricción es válida en cualquier parte de los Estados Unidos.

**¿Veré a la persona que solicita la protección en la audiencia de la corte?**

Sí. Lo más probable es que la persona que solicitó la orden asistirá a la audiencia. No hable con él o ella hasta que el juez o el abogado de la otra persona le dé permiso para hacerlo. Cualquier orden de restricción temporal dictada por la corte seguirá en vigor hasta el fin de la audiencia.

**¿Qué hago si necesito una orden de restricción contra la otra persona?**

No use este formulario para pedir una orden de restricción de violencia en el hogar. Si necesita información sobre cómo presentar su propia orden de restricción, lea el formulario DV-505-INFO S. También puede preguntarle al secretario de la corte cómo conseguir ayuda legal gratis o de bajo costo.

**¿Qué hago si soy víctima de violencia en el hogar?**

Para una remisión a un programa local de violencia en el hogar o de ayuda legal, llame a la Línea nacional sobre la violencia doméstica:

**1-800-799-7233**

**TDD: 1-800-787-3224**

Es gratis y confidencial.

Pueden brindarle ayuda en más de 100 idiomas.

**Para obtener ayuda en su zona, póngase en contacto con:**

[Local information may be inserted]

**DV-120****Response to Request for Domestic Violence Restraining Order**

Clerk stamps date here when form is filed.

Use this form if someone has asked for a domestic violence restraining order against you, and you want to respond in writing. You will need a copy of form DV-100, *Request for Domestic Violence Restraining Order*, that was filled out by the person who asked for a restraining order against you. There is no cost to file this form with the court.

**Do not use this form** if you want to ask for your own restraining order. Read form DV-500-INFO, *Can a Domestic Violence Restraining Order Help Me?* to find out more about this type of restraining order.

Fill in court name and street address:

Superior Court of California, County of San Benito  
450 Fourth Street  
Hollister, CA 95023

**1 Name of Person Asking for Protection:**

(See form DV-100, item ①):

\_\_\_\_\_

**2 Your Name:** \_\_\_\_\_**Address where you can receive court papers**

(This address will be used by the court and by the person in ① to send you official court dates, orders, and papers. For privacy, you may use another address like a post office box, a Safe at Home address, or another person's address, if you have their permission and can get your mail regularly. If you have a lawyer, give their information.)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Fill in case number:

**Case Number:**

\_\_\_\_\_

**Your contact information (optional)**

(The court could use this information to contact you. If you don't want the person in ① to have this information, leave it blank or provide a safe phone number or email address. If you have a lawyer, give their information.)

E-Mail Address: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Your lawyer's information (if you have one)**

Name: \_\_\_\_\_ State Bar No.: \_\_\_\_\_

Firm Name: \_\_\_\_\_

**3 Your Hearing Date (Court Date)**

Your hearing date is listed on form DV-109, *Notice of Court Hearing*. If you do not agree to having a restraining order against you, attend your hearing date. If you do not attend your hearing, the judge could grant a restraining order that could last up to five years.

**This is not a Court Order.**

**How to complete this form:** To answer the questions below, look at the form DV-100 filled out by the person in ①. Tip: When the restraining order forms say "the person ②" that means you, and the "person in ①" means the person who is asking for a restraining order against you.

**4 Information About You** (see ② on form DV-100)

The person in ① listed your name, age, gender, and date of birth. If any of the information is incorrect, use the space below to give the correct information.

\_\_\_\_\_

**5 Your Relationship to the Person in ①**

In item ③ of form DV-100, has the person in ① correctly described your relationship with them?

Yes  No If no, what is your relationship with the person in ①?:

\_\_\_\_\_

**6 History of Court Cases and Restraining Orders** (see ④ on form DV-100)

The person in ① may have listed other court cases or restraining orders involving you. If information is incorrect or missing, use the space below to give information.

\_\_\_\_\_

Check here if you are including a copy of restraining order or court order that you want the judge to know about.

**7  Other Protected People**

If the judge grants a restraining order, it can include family or household members of the person in ①. See ⑧ on form DV-100 to see if the person in ① is asking for other people to be protected by the restraining order.

- a.  I agree to the order requested.  
b.  I do not agree to the order requested.

Explain why you disagree, or describe a different order that you would agree to: \_\_\_\_\_

\_\_\_\_\_

**8  Order to Not Abuse** (see ⑩ on form DV-100)

- a.  I agree to the order requested.  
b.  I do not agree to the order requested.

Explain why you disagree, or describe a different order that you would agree to: \_\_\_\_\_

\_\_\_\_\_

**This is not a Court Order.**

Case Number: \_\_\_\_\_

9  **No-Contact Order** (see 11 on form DV-100)

- a.  I agree to the order requested.  
b.  I do not agree to the order requested.

Explain why you disagree, or describe a different order that you would agree to: \_\_\_\_\_

10  **Stay-Away Order** (see 12 on form DV-100)

- a.  I agree to the orders requested.  
b.  I do not agree to the orders requested.

Explain why you disagree, or describe a different order that you would agree to: \_\_\_\_\_

11  **Order to Move Out** (see 13 on form DV-100)

- a.  I agree to the order requested.  
b.  I do not agree to the order requested.

Explain why you disagree, or describe a different order that you would agree to: \_\_\_\_\_

12  **Other Orders** (see 14 on form DV-100)

- a.  I agree to the order requested.  
b.  I do not agree to the order requested.

Explain why you disagree, or describe a different order that you would agree to: \_\_\_\_\_

13  **Child Custody and Visitation** (see 15 on form DV-100 and DV-105)

- a.  I am **not** the parent of the child listed in form DV-105, *Request for Child Custody and Visitation Orders*.  
b.  I am the parent of the child or children listed in form DV-105 (check one):  
(1)  I agree to the order requested.  
(2)  I do not agree to the orders requested. (Complete form DV-125, *Response to Request for Child Custody and Visitation Orders*, and attach it to this form.)

**This is not a Court Order.**



**14**  **Protect Animals** (see **16** on form DV-100)

- a.  I agree to the orders requested.
- b.  I do not agree to the orders requested.

Explain why you disagree, or describe a different order that you would agree to: \_\_\_\_\_

**15**  **Control of Property** (see **17** on form DV-100)

- a.  I agree to the order requested.
- b.  I do not agree to the order requested.

Explain why you disagree, or describe a different order that you would agree to: \_\_\_\_\_

**16**  **Health and Other Insurance** (see **18** on form DV-100)

- a.  I agree to the order requested.
- b.  I do not agree to the order requested.

Explain why you disagree, or describe a different order that you would agree to: \_\_\_\_\_

**17**  **Record Communications** (see **19** on form DV-100)

- a.  I agree to the order requested.
- b.  I do not agree to the order requested.

**18**  **Property Restraint** (see **20** on form DV-100)

- a.  I agree to the order requested.
- b.  I do not agree to the order requested.

Explain why you disagree, or describe a different order that you would agree to: \_\_\_\_\_

**19**  **Pay Debt (Bills) Owed for Property** (see **22** on form DV-100)

- a.  I agree to the orders requested.
- b.  I do not agree to the orders requested.

Explain why you disagree, or describe a different order that you would agree to: \_\_\_\_\_

**This is not a Court Order.**

Case Number: \_\_\_\_\_

**20**  **Pay Expenses Caused by the Abuse** (see **23** on form DV-100)

- a.  I agree to the order requested.
- b.  I do not agree to the order requested.

Explain why you disagree, or describe a different order that you would agree to: \_\_\_\_\_  
\_\_\_\_\_

**21**  **Child Support** (see **24** on form DV-100)

- a.  I agree to the order requested.
- b.  I do not agree to the order requested.
- c.  I agree to pay guideline child support. (*Learn more about guideline child support at [www.courts.ca.gov/selfhelp-support.htm](http://www.courts.ca.gov/selfhelp-support.htm).)*

**22**  **Spousal Support** (see **25** on form DV-100)

- a.  I agree to the order requested.
- b.  I do not agree to the order requested.

Explain why you disagree, or describe a different order that you would agree to: \_\_\_\_\_  
\_\_\_\_\_

**23**  **Lawyer's Fees and Costs** (see **26** on form DV-100)

- a.  I agree to the order requested.
- b.  I do not agree to the order requested.

Explain why you disagree, or describe a different order that you would agree to: \_\_\_\_\_  
\_\_\_\_\_

- c.  I ask that the person in **1** pay for some or all of my lawyer's fees and costs.

**24**  **Batterer Intervention Program** (see **27** on form DV-100)

- a.  I agree to the order requested.
- b.  I do not agree to the order requested.

Explain why you disagree, or describe a different order that you would agree to: \_\_\_\_\_  
\_\_\_\_\_

**This is not a Court Order.**

**25**  **Transfer Wireless Phone Account** (see **28** on form DV-100)

- a.  I agree to the order requested.
- b.  I do not agree to the order requested.

Explain why you disagree, or describe a different order that you would agree to: \_\_\_\_\_

**26** **Firearms (Guns), Firearm Parts, or Ammunition** (see **29** on form DV-100)

If you were served with form DV-110, *Temporary Restraining Order*, you must follow the orders in **5** on form DV-110. You must file a receipt with the court from the law enforcement agency or a licensed gun dealer within 48 hours after you received form DV-110. You may use form DV-800/JV-270, *Receipt for Firearms, Firearm Parts, and Ammunition*.

(Check all that apply)

- a.  I do not own or have any prohibited items (firearms (guns), prohibited firearm parts, or ammunition).
- b.  I have turned in all prohibited items that I have or own to law enforcement or sold/stored them with a licensed gun dealer. A copy of the receipt showing that I turned in, sold, or stored the prohibited items (check all that apply):  is attached  has already been filed with the court.
- c.  I ask for an exception to carry a firearm for work only. (You will have to show the judge that your work requires you to have a firearm, and that your employer cannot reassign you to another position where a firearm is not needed. If you are a peace officer, there are additional requirements.)

(Give details, like what your job is and why you need a firearm): \_\_\_\_\_

**27** **Cannot Look for Protected People** (see **30** on form DV-100)

- a.  I agree to the order.
- b.  I do not agree to the order.

Explain why you disagree, or describe a different order that you would agree to: \_\_\_\_\_

**28**  **Additional Reasons I Do Not Agree with the Request** (optional)

Explain why you do not agree to any of the orders requested by the person in **1** (give specific facts and reasons):

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Check here if you need more space. Attach a sheet of paper and write "DV-120, Additional Reasons I Do Not Agree with the Request" at the top.

**This is not a Court Order.**

Case Number: \_\_\_\_\_

**29**  **My Out-of-Pocket Expenses**

If the request for restraining order is denied by the judge at the court hearing, I ask the judge to order the person in (1) to pay my out-of-pocket expenses because the temporary restraining order was granted without enough supporting facts. The expenses are:

For: \_\_\_\_\_ Because: \_\_\_\_\_ Amount: \$ \_\_\_\_\_  
For: \_\_\_\_\_ Because: \_\_\_\_\_ Amount: \$ \_\_\_\_\_  
For: \_\_\_\_\_ Because: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

**30** **Additional Pages**

Number of pages attached to this form, if any: \_\_\_\_\_

**31** **Your signature**

I declare under penalty of perjury under the laws of the State of California that the information above is true and correct.

Date: \_\_\_\_\_

\_\_\_\_\_  
*Type or print your name*

▶ \_\_\_\_\_  
*Sign your name*

**32** **Your lawyer's signature** (if you have one)

Date: \_\_\_\_\_

\_\_\_\_\_  
*Lawyer's name*

▶ \_\_\_\_\_  
*Lawyer's signature*

**Your Next Steps**

- If the person in (1) asked for child support, spousal support, or anyone is asking for lawyer's fees, you must complete form FL-150, *Income and Expense Declaration*. If the person in (1) is only asking for child support (item 24 on form DV-100), you may be eligible to fill out a simpler form, form FL-155. Read form DV-570 to see if you are eligible to fill out form FL-155. Before your court date, you must file form FL-150 or FL-155 with the court. Then you must have a server mail a copy to the person in (1) and have your server complete form DV-250, *Proof of Service by Mail*. After form DV-250 is completed, file it with the court.
- Prepare for your court date by gathering evidence or witnesses, if you have any. Learn more at: <https://selfhelp.courts.ca.gov/respond-domestic-violence-restraining-order>. More information is also available on form DV-120-INFO, *How Can I Respond to a Request for Domestic Violence Restraining Order?*

**This is not a Court Order.**



**1 ¿Qué es un arma de fuego?**

Un arma de fuego es una:

- Pistola
- Escopeta
- Rifle
- Arma de asalto

**2 Si tiene o es dueño de un arma de fuego, tiene que:**

- Entregársela a la agencia del orden público de su zona o
- Vendérsela o darla para almacenar a un comerciante de armas autorizado.

**3 ¿Cómo vendo mi arma de fuego o la doy para almacenar?**

Busque un comerciante de armas autorizado en su zona.

Busque bajo "Firearms Dealers" en las páginas amarillas locales o por Internet. Verifique que el comerciante esté autorizado

**4 ¿Cómo entrego mi arma de fuego a los agentes del orden público?**

Llame a su agencia local del orden público para preguntar sobre sus procedimientos. Lleve consigo una copia de su orden de restricción. Vaya directamente a la agencia del orden público. ¡No vaya a ningún otro lugar con su arma de fuego en el carro!

**5 Si entrego mi arma de fuego a la agencia del orden público, ¿por cuánto tiempo la guardará?**

Pregunte en la agencia del orden público.

**6 Después de haber entregado mi arma de fuego a la agencia del orden público, ¿puedo cambiar de parecer?**

Sí. Está permitido hacer una venta a un comerciante de armas autorizado. Para hacerlo, el comerciante de armas autorizado tiene que entregar un comprobante de venta a su agencia local del orden público. La agencia del orden público le dará al comerciante de armas de fuego autorizado el arma que vendió.

**7 ¿Tengo que pagar a la agencia del orden público para que guarde mi arma de fuego?**

Es posible que tenga que pagarle a la agencia del orden público por guardar su arma de fuego. Póngase en contacto con la agencia del orden público local y pregunte si tiene que pagar. La agencia le dirá cuánto tiene que pagar

**8 ¿Preguntas?**

Llame a su agencia del orden público local:

*[Se puede poner la información local aquí.]*

**RECUERDE LO SIGUIENTE:**

- Descargue su arma de fuego.
- Ponga su arma de fuego en la cajuela.
- Llame a la agencia del orden público por adelantado.

**RECUERDE NO HACER LO SIGUIENTE:**

- No lleve una arma de fuego cargada a la agencia del orden público.
- No lleve municiones cuando entregue la arma de fuego.
- No ponga su arma de fuego en la cajuelita cerrado con llave.
- No lleve una arma de fuego a la corte.



# DV-800/JV-252

# Proof of Firearms Turned In, Sold, or Stored

Clerk stamps date here when form is filed.

## 1 Protected Person

Name: \_\_\_\_\_

## 2 Restrained Person

a. Your Name: \_\_\_\_\_

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 e-mail.):

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Fill in court name and street address:

Superior Court of California, County of San Benito  
450 Fourth Street  
Hollister, CA 95023

Court fills in case number when form is filed.

Case Number:

## 3 To the Restrained Person:

If the court has ordered you to turn in, sell, or store your firearms, you may use this form to prove to the court that you have obeyed its orders. When you deliver your unloaded weapons, ask the law enforcement officer or the licensed gun dealer to complete item 4 or 5 and item 6. After the form is signed, file it with the court clerk. Keep a copy for yourself. For help, read form DV-800-INFO/JV-252-INFO, How Do I Turn In, Sell, or Store My Firearms?

## 4 To Law Enforcement

Fill out items 4 and 6 of this form. Keep a copy and give the original to the person who turned in the firearms.

The firearms listed in 6 were turned in on:

Date: \_\_\_\_\_ at: \_\_\_\_\_  a.m.  p.m.

To: \_\_\_\_\_

Name and title of law enforcement agent

Name of law enforcement agency

Address

I declare under penalty of perjury under the laws of the State of California that the information above is true and correct.

Signature of law enforcement agent

## 5 To Licensed Gun Dealer

Fill out items 5 and 6 of this form. Keep a copy and give the original to the person who sold the firearms or stored them with you.

The firearms listed in 6 were

sold to me  transferred to me for storage on:

Date: \_\_\_\_\_ at: \_\_\_\_\_  a.m.  p.m.

To: \_\_\_\_\_

Name of licensed gun dealer

License number

Telephone

Address

I declare under penalty of perjury under the laws of the State of California that the information above is true and correct.

Signature of licensed gun dealer

Case Number: \_\_\_\_\_

**6 Firearms**

	<u>Make</u>	<u>Model</u>	<u>Serial Number</u>
a.	_____	_____	_____
b.	_____	_____	_____
c.	_____	_____	_____
d.	_____	_____	_____
e.	_____	_____	_____

Check here if you turned in, sold, or stored more firearms. Attach a sheet of paper and write "DV-800/JV-252, Item 6—Firearms Turned In, Sold, or Stored" for a title. Include make, model, and serial number of each firearm. You may use form MC-025, Attachment.

**7** Do you have, own, possess, or control any other firearms besides the firearms listed in **6**?  Yes  No

If you answered yes, have you turned in, sold, or stored those other firearms?  Yes  No  
If yes, check one of the boxes below:

- a.  I filed a *Proof of Firearms Turned In, Sold, or Stored* for those firearms with the court on (date):
- b.  I am filing the proof for those firearms along with this proof.
- c.  I have not yet filed the proof for the other firearms. (explain why not):

Check here if there is not enough space below for your answer. Put your complete answer on the attached sheet of paper or Form MC-025 and write "Attachment 7c" for a title.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I declare under penalty of perjury under the laws of the State of California that the information above is true and correct.

Date: \_\_\_\_\_

\_\_\_\_\_  
Type or print your name

▶ \_\_\_\_\_  
Sign your name

# DV-250

# Proof of Service by Mail

Clerk stamps date here when form is filed.

1 Name of Person Asking for Protection:

2 Name of Person to Be Restrained:

3 Notice to Server

The server must:

- Be 18 years of age or over.
- Not be listed in items ①, ② or ③ of form DV-100, *Request for Domestic Violence Restraining Order*.
- Mail a copy of all documents checked in ④ to the person in ⑤.



Fill in court name and street address:

Superior Court of California, County of  
San Benito  
450 Fourth Street  
Hollister, CA 95023

4 I (the server) am 18 years of age or over and live in or am employed in the county where the mailing took place. I mailed a copy of all documents checked below to the person in ⑤:

Fill in case number:

Case Number:

- a.  DV-112, *Waiver of Hearing on Denied Request for Temporary Restraining Order*
- b.  DV-120, *Response to Request for Domestic Violence Restraining Order*
- c.  FL-150, *Income and Expense Declaration*
- d.  FL-155, *Simplified Financial Statement*
- e.  DV-130, *Restraining Order After Hearing (Order of Protection)*
- f.  Other (specify): \_\_\_\_\_

5 I placed copies of the documents checked above in a sealed envelope and mailed them as described below:

- a. Name of person served: \_\_\_\_\_
- b. To this address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- c. Mailed on (date): \_\_\_\_\_
- d. Mailed from (city): \_\_\_\_\_ (state): \_\_\_\_\_

6 Server's Information

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_

If you are a registered process server:

County of registration: \_\_\_\_\_ Registration number: \_\_\_\_\_

7 I declare under penalty of perjury under the laws of the State of California that the information above is true and correct.

Date: \_\_\_\_\_

\_\_\_\_\_  
Type or print server's name

\_\_\_\_\_  
Server to sign here



**SI TIENEN HIJOS JUNTOS Y LA OTRA PARTE**

**HA PEDIDO CUSTODIA/ VISITACIÓN O**

**MANUTENCIÓN DE LOS HIJOS**

**USTED NECESITA LLENAR FORMULARIOS**

**ADICIONALES:**

- DV – 125: Response to Request for Child Custody and Visitation Orders.
- FL – 150: Income and Expense Declaration.



This form is attached to form DV-120.

**How to complete this form:** To answer the questions below, look at the form DV-105 filled out by the person in ①. Tip: Where form DV-105 refers to "person in ②," that means you. If you need more space to complete your answer, you can use a separate piece of paper and attach it to this form. Include a title at the top of the paper (example: DV-125, Custody of Children).

**1 Person Asking for Protection** (see ① on form DV-105)

a. Name: \_\_\_\_\_

b. Relationship to children:  Parent  Legal Guardian  Other (describe): \_\_\_\_\_

**2 Your Information**

a. Name: \_\_\_\_\_

b. Relationship to children:  Parent  Legal Guardian  Other (describe): \_\_\_\_\_

**3 Children** (see ③ on form DV-105)

a.  I am the parent of the child or children listed on form DV-105.

b.  I am **not** the parent of all the children listed on form DV-105.

c.  I am **not** the parent of the following children (list names):  
\_\_\_\_\_

d.  Other (describe): \_\_\_\_\_

**4 City and State Where Children Lived** (see ④ on form DV-105)

a.  I agree with the information given by the person in ①.

b.  I do not agree. (Use form DV-105(A) to list where the children have lived.)

**5 History of Court Cases Involving Children** (see ⑤ on form DV-105)

The person in ① may have listed other court cases involving your children. If information is incorrect or missing, use the space below to give information.

(Check all that apply. List where it was filed (city, state, or tribe), year it was filed, and case number, if known.)

Custody or Divorce \_\_\_\_\_

Criminal \_\_\_\_\_

Juvenile Court (child welfare, juvenile justice) \_\_\_\_\_

Guardianship \_\_\_\_\_

Other (example: child support case) \_\_\_\_\_

(If a judge has already made a custody or visitation order for children in this case, attach a copy of the order if you have one.)

**This is not a Court Order.**

Case Number: \_\_\_\_\_

- 6  **No Travel With Children Without Permission** (see 6 on form DV-105)
- a.  I agree to the order requested.
- b.  I do not agree to the order requested because: \_\_\_\_\_
- c.  I would agree to a different order (describe the order you would agree to): \_\_\_\_\_

- 7  **Stop Access to Children's School, Health, and Other Information** (see 7 on form DV-105)
- a.  I agree to the order requested.
- b.  I do not agree to the order requested because: \_\_\_\_\_
- c.  I would agree to a different order (describe the order you would agree to): \_\_\_\_\_

- 8  **Request for Orders to Prevent Child Abduction** (see 4–10 on form DV-108)
- a.  I agree to the order requested.
- b.  I do not agree to the order requested because: \_\_\_\_\_
- c.  I would agree to a different order (describe the order you would agree to): \_\_\_\_\_

- 9  **Custody of Children** (see 9 on form DV-105)
- a.  I agree to the order requested.
- b.  I do not agree to the order requested because: \_\_\_\_\_
- c.  I would agree to a different order:
- Legal Custody (The person that makes decisions about the child's health, education, and welfare.)  
(check one):
- Sole to me
- Sole to person in 1
- Jointly (shared) by persons in 1 and me.
- Other (describe): \_\_\_\_\_
- Physical Custody (The person that the child regularly lives with.)  
(check one):
- Sole to me
- Sole to person in 1
- Jointly (shared) by persons in 1 and me.
- Other (describe): \_\_\_\_\_

**This is not a Court Order.**

Case Number: \_\_\_\_\_

**10**  **Your Visitation (Parenting Time) with Children** (see pages 3–5 on form DV-105)

- a.  I agree to the order requested.
- b.  I do not agree to the order requested because: \_\_\_\_\_

- c.  I would agree to a different order:  
(Use the lines or chart below to describe the parenting time you want. Give as much detail as you can.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

	Time	Person to bring children to and from visit	Location of drop-off/pick-up
Monday	Start: _____		
	End, if applies: _____		
Tuesday	Start: _____		
	End, if applies: _____		
Wednesday	Start: _____		
	End, if applies: _____		
Thursday	Start: _____		
	End, if applies: _____		
Friday	Start: _____		
	End, if applies: _____		
Saturday	Start: _____		
	End, if applies: _____		
Sunday	Start: _____		
	End, if applies: _____		
<b>Follow the schedule listed above (check one):</b> <input type="checkbox"/> Every week <input type="checkbox"/> Every other week <input type="checkbox"/> Other _____			
<b>Start date for visits (month, day, year)</b> _____			

**11** The statements made on this form are made under penalty of perjury as declared on form DV-120.

**This is not a Court Order.**



PARTY WITHOUT ATTORNEY OR ATTORNEY NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (name):	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN BENITO</b> STREET ADDRESS: 450 Fourth Street MAILING ADDRESS: 450 Fourth Street CITY AND ZIP CODE: Hollister, CA 95023 BRANCH NAME:	
PETITIONER: RESPONDENT: OTHER PARTY/PARENT/CLAIMANT:	
<b>INCOME AND EXPENSE DECLARATION</b>	CASE NUMBER:

**1. Employment** (Give information on your current job or, if you're unemployed, your most recent job.)

Attach copies of your pay stubs for last two months (black out Social Security numbers).

- a. Employer:
- b. Employer's address:
- c. Employer's phone number:
- d. Occupation:
- e. Date job started:
- f. If unemployed, date job ended:
- g. I work about \_\_\_\_\_ hours per week.
- h. I get paid \$ \_\_\_\_\_ gross (before taxes)  per month  per week  per hour.

(If you have more than one job, attach an 8 1/2-by-11-inch sheet of paper and list the same information as above for your other jobs. Write "Question 1 - Other Jobs" at the top.)

**2. Age and education**

- a. My age is (specify): \_\_\_\_\_
- b. I have completed high school or the equivalent:  Yes  No If no, highest grade completed (specify): \_\_\_\_\_
- c. Number of years of college completed (specify): \_\_\_\_\_  Degree(s) obtained (specify): \_\_\_\_\_
- d. Number of years of graduate school completed (specify): \_\_\_\_\_  Degree(s) obtained (specify): \_\_\_\_\_
- e. I have:  professional/occupational license(s) (specify): \_\_\_\_\_  
 vocational training (specify): \_\_\_\_\_

**3. Tax information**

- a.  I last filed taxes for tax year (specify year): \_\_\_\_\_
- b. My tax filing status is  single  head of household  married, filing separately  
 married, filing jointly with (specify name): \_\_\_\_\_
- c. I file state tax returns in  California  other (specify state): \_\_\_\_\_
- d. I claim the following number of exemptions (including myself) on my taxes (specify): \_\_\_\_\_

**4. Other party's income.** I estimate the gross monthly income (before taxes) of the other party in this case at (specify): \$ \_\_\_\_\_  
 This estimate is based on (explain): \_\_\_\_\_

(If you need more space to answer any questions on this form, attach an 8 1/2-by-11-inch sheet of paper and write the question number before your answer.) Number of pages attached: \_\_\_\_\_

I declare under penalty of perjury under the laws of the State of California that the information contained on all pages of this form and any attachments is true and correct.

Date: \_\_\_\_\_

(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)

PETITIONER: RESPONDENT: OTHER PARTY/PARENT/CLAIMANT:	CASE NUMBER:
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**Attach copies of your pay stubs for the last two months and proof of any other income. Take a copy of your latest federal tax return to the court hearing. (Black out your Social Security number on the pay stub and tax return.)**

5. **Income** (For average monthly, add up all the income you received in each category in the last 12 months and divide the total by 12.)

	Last month	Average monthly
a. Salary or wages (gross, before taxes) .....	\$	_____
b. Overtime (gross, before taxes) .....	\$	_____
c. Commissions or bonuses .....	\$	_____
d. Public assistance (for example: TANF, SSI, GA/GR) <input type="checkbox"/> currently receiving .....	\$	_____
e. Spousal support <input type="checkbox"/> from this marriage <input type="checkbox"/> from a different marriage <input type="checkbox"/> federally taxable*	\$	_____
f. Partner support <input type="checkbox"/> from this domestic partnership <input type="checkbox"/> from a different domestic partnership	\$	_____
g. Pension/retirement fund payments .....	\$	_____
h. Social Security retirement (not SSI) .....	\$	_____
i. Disability: <input type="checkbox"/> Social Security (not SSI) <input type="checkbox"/> State disability (SDI) <input type="checkbox"/> Private insurance	\$	_____
j. Unemployment compensation .....	\$	_____
k. Workers' compensation .....	\$	_____
l. Other (military allowances, royalty payments) (specify): .....	\$	_____

6. **Investment income** (Attach a schedule showing gross receipts less cash expenses for each piece of property.)

a. Dividends/interest .....	\$	_____
b. Rental property income .....	\$	_____
c. Trust income .....	\$	_____
d. Other (specify): .....	\$	_____

7. **Income from self-employment, after business expenses for all businesses** .....

I am the  owner/sole proprietor  business partner  other (specify):

Number of years in this business (specify):

Name of business (specify):

Type of business (specify):

**Attach a profit and loss statement for the last two years or a Schedule C from your last federal tax return. Black out your Social Security number. If you have more than one business, provide the information above for each of your businesses.**

8.  **Additional income.** I received one-time money (lottery winnings, inheritance, etc.) in the last 12 months (specify source and amount):

9.  **Change in income.** My financial situation has changed significantly over the last 12 months because (specify):

10. **Deductions** .....

	Last month
a. Required union dues .....	\$
b. Required retirement payments (not Social Security, FICA, 401(k), or IRA) .....	\$
c. Medical, hospital, dental, and other health insurance premiums (total monthly amount) .....	\$
d. Child support that I pay for children from other relationships .....	\$
e. Spousal support that I pay by court order from a different marriage <input type="checkbox"/> federally tax deductible* .....	\$
f. Partner support that I pay by court order from a different domestic partnership .....	\$
g. Necessary job-related expenses not reimbursed by my employer (attach explanation labeled "Question 10g") .....	\$

11. **Assets** .....

	Total
a. Cash and checking accounts, savings, credit union, money market, and other deposit accounts .....	\$
b. Stocks, bonds, and other assets I could easily sell .....	\$
c. All other property, <input type="checkbox"/> real and <input type="checkbox"/> personal (estimate fair market value minus the debts you owe) .....	\$

\* Check the box if the spousal support order or judgment was executed by the parties and the court before January 1, 2019, or if a court-ordered change maintains the spousal support payments as taxable income to the recipient and tax deductible to the payor.



PETITIONER: RESPONDENT: OTHER PARTY/PARENT/CLAIMANT:	CASE NUMBER:
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**CHILD SUPPORT INFORMATION**

**(NOTE: Fill out this page only if your case involves child support.)**

**16. Number of children**

- a. I have *(specify number)*: \_\_\_\_\_ children under the age of 18 with the other parent in this case.
- b. The children spend \_\_\_\_\_ percent of their time with me and \_\_\_\_\_ percent of their time with the other parent.  
*(If you're not sure about percentage or it has not been agreed on, please describe your parenting schedule here.)*

**17. Children's health-care expenses**

- a.  I do  I do not have health insurance available to me for the children through my job.
- b. Name of insurance company:
- c. Address of insurance company:
  
- d. The monthly cost for the **children's** health insurance is or would be *(specify)*: \$ \_\_\_\_\_  
*(Do not include the amount your employer pays.)*

**18. Additional expenses for the children in this case**

Amount per month

- a. Child care so I can work or get job training ..... \$ \_\_\_\_\_
- b. Children's health care not covered by insurance ..... \$ \_\_\_\_\_
- c. Travel expenses for visitation ..... \$ \_\_\_\_\_
- d. Children's educational or other special needs *(specify below)*: ..... \$ \_\_\_\_\_

**19. Special hardships.** I ask the court to consider the following special financial circumstances

*(attach documentation of any item listed here, including court orders):*

Amount per month

For how many months?

- a. Extraordinary health expenses not included in 18b ..... \$ \_\_\_\_\_
- b. Major losses not covered by insurance *(examples: fire, theft, other insured loss)* ..... \$ \_\_\_\_\_
- c. (1) Expenses for my minor children who are from other relationships and are living with me ..... \$ \_\_\_\_\_  
 (2) Names and ages of those children *(specify)*:

(3) Child support I receive for those children ..... \$ \_\_\_\_\_

The expenses listed in a, b and c create an extreme financial hardship because *(explain)*:

**20. Other information I want the court to know concerning support in my case *(specify)*:**