

FAM 073

Attorney or party without attorney (Name, State Bar Number, and address)  Telephone No. _____ Fax No. (optional): _____ E-Mail address (optional): _____ Attorney for (Name): _____	FOR COURT USE ONLY
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> Street Address: _____ Mailing Address: _____ City and Zip Code: _____ Branch Name: _____	
NAME OF PERSON ASKING FOR PROTECTION: _____  NAME OF PERSON YOU WANT PROTECTION FROM: _____	
<b>SUPPLEMENTAL INFORMATION FOR REQUEST FOR RESTRAINING ORDER</b>	CASE NUMBER: _____

IN ORDER TO PROCESS YOUR REQUEST FOR A TEMPORARY RESTRAINING ORDER, THE COURT REQUIRES THE INFORMATION DESCRIBED BELOW:

1.  Please provide further detail on the most recent incident of abuse – such as what happened, when it happened, who did what to whom. Describe any injuries inflicted on you or the other person(s) to be protected.

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2.  Child custody orders are requested. Pursuant to Family Code § 3064, custody orders can be granted only upon showing of harm to the child, a significant risk of harm to the child, or an immediate risk that the child will be removed from this state. Please provide further information on the reason for your request for child custody orders.

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<p style="text-align: center;">FAM 073</p> <p>NAME OF PERSON ASKING FOR PROTECTION:</p> <p>NAME OF PERSON YOU WANT PROTECTION FROM:</p>	<p>CASE NUMBER:</p>
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3.  Family Code § 6211 specifies qualifications for Domestic Violence Restraining Orders. Please describe, in detail, the relationship you have with the other party that qualifies you for a Domestic Violence Restraining Order.

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4.  Is the allegation of abuse on \_\_\_\_\_ the most recent act of Domestic Violence/Harassment/Abuse?

If YES, explain why you waited until today to come to court.

If NO, provide in detail the most recent incident of abuse – such as what happened, when it happened, who did what to whom. Describe any injuries inflicted on you or the other person(s) to be protected.

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5.  Parts of your request are illegible or not understandable.

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6.  Other.

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

Date:

\_\_\_\_\_  
(TYPE OR PRINT YOUR NAME)

\_\_\_\_\_  
(SIGN YOUR NAME)