

Clerk stamps date here when form is filed.

1 Your name (person asking for protection):_____
Your address (*skip this if you have a lawyer*): (*If you want your address to be private, give a mailing address instead*):

City: _____ State: _____ Zip: _____

Your telephone (*optional*): (_____) _____Your lawyer (*if you have one*): (*Name, address, telephone number, and State Bar number*):

Fill in court name and street address:

Superior Court of California, County of

Clerk fills in case number when form is filed.

Case Number:**2** Name of person you want protection from:
_____**Request for Free Service****3** If you qualify for a fee waiver, complete *Application for Waiver of Court Fees and Costs* (form 982(a)(17)) and file it with this request. (*Check one*):a. I have completed and filed a fee waiver application.b. I am not eligible for a fee waiver.**4** I am entitled to free service of the restraining orders by the sheriff or marshal because (*check either item a or b*):a. I asked for domestic violence prevention restraining orders on Form DV-100.b. I asked for civil harassment restraining orders on Form CH-100, and my request was based on my fear of (*check at least one box, if applicable*):(1) sexual assault.(2) stalking.*(If you are not entitled to free service under a or b, you may be eligible under a fee waiver or may pay the sheriff or marshal to serve the restraining orders.)*

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

(Order is on next page)



Case Number: _____

Protected person's name: _____

Court Order

- 5 The court has reviewed the request of the person in ① and finds that (*check one box only*):
 - a. The person qualifies for a fee waiver under rule 985 of the California Rules of Court.
 - b. The person does not qualify for a fee waiver, but qualifies for orders under item 4a or 4b above.
 - c. The person does not qualify for a fee waiver or for orders under item 4a or 4b above.
- 6 The sheriff or marshal shall serve the restraining order (on Form DV-110 or DV-130 or CH-120 or CH-140 and reference documents) without cost with cost to the person in ①.

Date: _____

Clerk, by _____, Deputy
(Clerk may grant in full a nondiscretionary fee waiver; see Cal. Rules of Court, rule 985(d).)

— or —

Judicial Officer

Instructions for Protected Person

- Fill out page 1 of this form. This form will allow you to ask the sheriff or marshal to serve the restraining order on the restrained person. **There is no cost to you if you qualify under either item 4a or 4b on page 1.**
- Fill out the *Application for Waiver of Court Fees and Costs* (Form 982(a)(17)) if you qualify for a fee waiver based on financial need.
- Give the forms to the court clerk together with your request for a restraining order.
- Ask the clerk how to make sure the sheriff or marshal gets your papers for service.
- If you do not qualify for free service of the restraining order under this request or a fee waiver, you may pay the sheriff or marshal to serve the order on the restrained person.
- For more information about service, read *What is "Proof of Service"?* (Form CH-135 or Form DV-210).

Instructions for Law Enforcement

- Government Code section 6103.2(b) allows the sheriff or marshal to bill the court only for orders or injunctions described in subdivision (q)(1) of Code of Civil Procedure section 527.6. The sheriff or marshal may bill the court for service **only** if item 5b above is checked.
- If the sheriff or marshal is seeking reimbursement for service, the box below must be filled out and a copy of this form returned to the court listed on page 1. **This is not a proof of service.**

Service of the order was made or attempted on (*date*): _____ Fee for service: \$ _____

Date: _____

(Type or Print Name of Law Enforcement Representative)

(Signature of Law Enforcement Representative)

(Title and Agency)

(This is Not a Proof of Service.)