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The Self Help Legal Information Network

(310) 675-3863 ** office (310) 675-3853 ** fax

www.legalinfonetwork.com

Restraining Order Questionnaire Domestic Violence / Civil Harassment

I am providing this information for the purpose of completing a Petition for a Restraining Order. I understand that I am having my documents prepared by a Legal Document Assistant and if I have any questions, concerns or need legal advice I may need to contact an attorney. I understand The Self-Help Legal Information Network are not attorneys and cannot give legal advice (i.e. tell me the best method for my situation, tell me what forms to complete, tell me the process, or give me their opinion). I understand that I am responsible for filing and/or serving any necessary documents unless otherwise noted.

Name (print)

Date

(signature)

Restraining Order Questionnaire Domestic Violence / Civil Harassment

1. What is your name (person completing this form)

2. What is the name of applicant requesting this order? (applicant is referred to as you or your in the following questions.)

3. List your current address including city, state, county and zip?

4. Your phone #? _____

5. Name of person you want protection from? _____

6. Describe that person: Sex _____ ht _____ weight _____

race _____ age _____ hair color _____ eye color _____

date of birth _____ other _____

7. Where does this person live? _____

8. Besides you who else needs protection:

Name _____ age: _____

Relationship to you _____ live w/you? _____

Name _____ age: _____

Relationship to you _____ live w/you? _____

Name _____ age: _____

Relationship to you _____ live w/you? _____

Name _____ age: _____

Relationship to you _____ live w/you? _____

9. What is your relationship w/ the person you want protection from? Please circle all that apply:

married separated divorced live together dating engaged
have children together friend neighbor other _____

10. Please list all children in common: name and date of birth

Name _____ date of birth _____

Name _____ date of birth _____

Name _____ date of birth _____

Name _____ date of birth _____

Name _____ date of birth _____

11. Any other court cases pending between you and the person listed in #5? If so please list: case #, county, what type of case.

12. What type of orders do you want: (a.) personal conduct order

(b.) stay away order (c.) move-out order (d.) child custody, support order

(e.) other _____

13. Date of most recent act of abuse _____

14. Describe the most recent act of abuse: _____

Any injuries? Yes No Any threat of violence or threat to use guns or
weapon? Yes No if so describe threat _____

Did the police come? Yes No if so do you have a police report? Yes No

15. Does the person in #4 have any firearms? YES NO

16. Is there anything else you would like to add: _____

Signature

Date

**For Child Custody, Visitation or Support you will need to complete the
Child Custody questionnaire.**