

**Answer to Temporary
Restraining Order**

Clerk stamps date here when form is filed

Fill in court name and street address.

Superior Court of California, County of

Clerk fills in case number:

Case Number:

1 Name of person who asked for the order (protected person):

2 Your name:

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*)

Give the judge your answers to DV-100:

3 ☐ **Personal Conduct Orders**

I ☐ do ☐ do not agree to the order requested.

4 ☐ **Stay-Away Order**

I ☐ do ☐ do not agree to the order requested.

5 ☐ **Move-Out Order**

I ☐ do ☐ do not agree to the order requested.

6 ☐ **Child Custody**

a. I ☐ do ☐ do not agree to the custody order requested.

b. ☐ I am not the parent of the child listed in DV-105.

c. ☐ I ask for the following custody order (*specify*).

d. I ☐ do ☐ do not agree to the orders requested to prevent child abduction.

7 ☐ **Visitation**

a. I ☐ do ☐ do not agree to the visitation order requested

b. ☐ I ask for the following visitation order (*specify*)

8 ☐ **Child Support**

a. I ☐ do ☐ do not agree to the order requested.

b. ☐ I agree to pay guideline child support.

You must fill out, serve, and file Form FL-150 or FL-155.

9 ☐ **Spousal Support**

I ☐ do ☐ do not agree to the order requested.

Whether or not you agree, you must fill out, serve, and file Form FL-150

The judge can consider your Answer at the hearing. Write your hearing date and time here:

**Hearing
Date**

→ Date: Time:

Dept.: Room:

You must obey the orders until the hearing.
If you do not come to this hearing, the judge can make the orders last for 3 years or longer.

Case Number: _____

Your name: _____

10 ☐ **Property Control**

I ☐ do ☐ do not agree to the order requested.

If you have other requests, list them in (20) below

11 ☐ **Debt Payment**

I ☐ do ☐ do not agree to the order requested.

If you have other requests, list them in (20) below

12 ☐ **Property Restraint**

I ☐ do ☐ do not agree to the order requested.

If you have other requests, list them in (20) below

13 ☐ **Attorney Fees and Costs**

I ☐ do ☐ do not agree to the order requested.

14 ☐ **Payments for Costs and Services**

I ☐ do ☐ do not agree to the order requested.

15 ☐ **Animals**

I ☐ do ☐ do not agree to the order requested

16 ☐ **Batterer Intervention Program**

I ☐ do ☐ do not agree to the order requested.

17 ☐ **Other Orders** (see item 21 on Form DV-100)

I ☐ do ☐ do not agree to the orders requested.

18 ☐ **Turn in guns or other firearms.**

a. ☐ I do not own or have any guns or firearms

b. ☐ I ☐ have ☐ have not turned in my guns and firearms to the police or a licensed gun dealer.

c. ☐ A copy of the receipt ☐ is attached. ☐ has already been filed with the court.

You must file a receipt with the court within 48 hours after being served with temporary orders

19 ☐ **I ask the court to order payment of my**

a. ☐ Attorney fees

b. ☐ Out-of-pocket expenses because the temporary restraining order was issued without enough supporting facts. The expenses are:

Item: _____ Amount: \$ _____ Item: _____ Amount: \$ _____

You must fill out, serve, and file Form FL-150

20 ☐ **My Answer to the Statements in DV-100 and Other Requests**

Please attach your statement Write "DV-120, Item 20—More Information" at the top Be specific

21 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

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):		FOR COURT USE ONLY
TELEPHONE NO.:		
E-MAIL ADDRESS (Optional):		
ATTORNEY FOR (Name):		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:		
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/CLAIMANT:		CASE NUMBER:
INCOME AND EXPENSE DECLARATION		

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 8½-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 8½-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/PLAINTIFF:	CASE NUMBER:
RESPONDENT/DEFENDANT:	
OTHER PARENT/CLAIMANT:	

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 | \$ _____ | _____ |
| 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 BAQ, royalty payments, etc.) (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 | \$ _____ |
| 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) | \$ _____ |

PETITIONER/PLAINTIFF: _____ RESPONDENT/DEFENDANT: _____ OTHER PARENT/CLAIMANT: _____	CASE NUMBER: _____
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12 The following people live with me:

Name	Age	How the person is related to me? (ex: son)	That person's gross monthly income	Pays some of the household expenses?
a				<input type="checkbox"/> Yes <input type="checkbox"/> No
b				<input type="checkbox"/> Yes <input type="checkbox"/> No
c				<input type="checkbox"/> Yes <input type="checkbox"/> No
d				<input type="checkbox"/> Yes <input type="checkbox"/> No
e				<input type="checkbox"/> Yes <input type="checkbox"/> No

13 Average monthly expenses ☐ Estimated expenses ☐ Actual expenses ☐ Proposed needs

<p>a. Home:</p> <p>(1) <input type="checkbox"/> Rent or <input type="checkbox"/> mortgage \$ _____</p> <p style="margin-left: 20px;">If mortgage:</p> <p style="margin-left: 40px;">(a) average principal \$ _____</p> <p style="margin-left: 40px;">(b) average interest \$ _____</p> <p>(2) Real property taxes \$ _____</p> <p>(3) Homeowner's or renter's insurance (if not included above) \$ _____</p> <p>(4) Maintenance and repair \$ _____</p> <p>b. Health-care costs not paid by insurance \$ _____</p> <p>c. Child care \$ _____</p> <p>d. Groceries and household supplies \$ _____</p> <p>e. Eating out \$ _____</p> <p>f. Utilities (gas, electric, water, trash) \$ _____</p> <p>g. Telephone, cell phone, and e-mail \$ _____</p>	<p>h. Laundry and cleaning \$ _____</p> <p>i. Clothes \$ _____</p> <p>j. Education \$ _____</p> <p>k. Entertainment, gifts, and vacation \$ _____</p> <p>l. Auto expenses and transportation (insurance, gas, repairs, bus, etc.) \$ _____</p> <p>m. Insurance (life, accident, etc.; do not include auto, home, or health insurance) \$ _____</p> <p>n. Savings and investments \$ _____</p> <p>o. Charitable contributions \$ _____</p> <p>p. Monthly payments listed in item 14 (itemize below in 14 and insert total here) \$ _____</p> <p>q. Other (specify) \$ _____</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>r. TOTAL EXPENSES (a-q) (do not add in the amounts in a(1)(a) and (b)) \$ _____</p> </div> <p>s. Amount of expenses paid by others \$ _____</p>
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14 Installment payments and debts not listed above

Paid to	For	Amount	Balance	Date of last payment
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

15 Attorney fees (This is required if either party is requesting attorney fees.)

- a. To date, I have paid my attorney this amount for fees and costs (specify) \$ _____
- b. The source of this money was (specify) _____
- c. I still owe the following fees and costs to my attorney (specify total owed) \$ _____
- d. My attorney's hourly rate is (specify) \$ _____

I confirm this fee arrangement.

Date: _____

(TYPE OR PRINT NAME OF ATTORNEY)

(SIGNATURE OF ATTORNEY)

PETITIONER/PLAINTIFF:	CASE NUMBER:
RESPONDENT/DEFENDANT:	
OTHER PARENT/CLAIMANT:	

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):