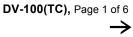
DV-100(TC)

Request for Domestic Violence Restraining Order

Name of Person Asking for Protection: Name of Person Asking for Protection: Name:	it to the clerk when you file this Request. Imme of Person Asking for Protection: Age:	Fill in court name and street address: Tribal Court of: Hoopa Valley Tribal Court 12530 State Highway 96 P.O. Box 1389 Hoopa, CA 95546 Court fills in case number when form is Case Number: Color: Eye Color: Date of Birth:		
Name of Person Asking for Protection: Age: Your lawyer or spokesperson in this case (If you have one): Name: Tribal Bar No.: Firm Name: Address (If you have a lawyer or spokesperson for this case, give your lawyer's or spokespersons information. If you do not have a lawyer and want to keep your home address private, give a different mailing address instead. You do not have to give your telephone, fax, or e-mail.): Address: State: Zip: Hoopa Valley Tribal Court 12530 State Highway 96 P.O. Box 1389 Hoopa, CA 95546 P.O. Box 13	ame of Person Asking for Protection: Age: ur lawyer or spokesperson in this case (if you have one): me: Tribal Bar No.: m Name:	Fill in court name and street address: Tribal Court of: Hoopa Valley Tribal Court 12530 State Highway 96 P.O. Box 1389 Hoopa, CA 95546 Court fills in case number when form is Case Number: Color: Eye Color: Date of Birth:		
Age:	Age: ur lawyer or spokesperson in this case (if you have one): me: Tribal Bar No.: me	Fill in court name and street address: Tribal Court of: Hoopa Valley Tribal Court 12530 State Highway 96 P.O. Box 1389 Hoopa, CA 95546 Court fills in case number when form is Case Number: Color: Eye Color: Date of Birth:		
Name: Tribal Bar No.: Firm Name: Address (If you have a lawyer or spokesperson for this case, give your lawyer's or spokespersons information. If you do not have a lawyer and want to keep your home address private, give a different mailing address instead. You do not have to give your telephone, fax, or e-mail.): Address: City: State: Zip: Hoopa Valley Tribal Court 12530 State Highway 96 P.O. Box 1389 Hoopa, CA 95546 Court fills in case number when form is Case Number: Description of person you want protection From: Sex: M F Height: Weight: Hair Color: Eye Color: Race: Age: Date of Birth: Address (If known): Zip: City: State: Zip: Do you want an order to protect family or household members? Yes No If yes, list them: Full name Sex Age Lives with you? Relationship to you What is your relationship to the person in (2)? (Check all that apply): a We are now married or registered domestic partners. We used to be married or registered domestic partners. We used to be married or registered domestic partners. We used to be married or registered domestic partners. We we are related by blood, marriage, or adoption (specify relationship): We are related by blood, marriage, or adoption (specify relationship): Check here if you need more space. Attach a sheet of paper and write: Child's Name: Date of Birth: Child's One of Birth: Child's Name: Date of Birth: Check here if you need more space. Attach a sheet of paper and write: "DV-100(TC), Additional Childrien a title.	me: Tribal Bar No.: m Name: dress (If you have a lawyer or spokesperson for this case, give you eyer's or spokespersons information. If you do not have a lawyer and to keep your home address private, give a different mailing address. dread. You do not have to give your telephone, fax, or e-mail.): dress: y: State: Zip: lephone: Fax: bal Affiliation: lame of Person You Want Protection From: scription of person you want protection from: ex: M F Height: Weight: Hair ace: Age: address (if known): City: State O you want an order to protect family or household in less, list them: Full name Sex Age Live: The Check here if you need more space. Attach a sheet of paper and we hat is your relationship to the person in ②? (Check at a lawyer and the space in the space is a lawyer and in	Fill in court name and street address: Tribal Court of: Hoopa Valley Tribal Court 12530 State Highway 96 P.O. Box 1389 Hoopa, CA 95546 Court fills in case number when form is Case Number: Color: Eye Color: Date of Birth:		
Name: Tribal Bar No.: Firm Name: Address (If you have a lawyer or spokesperson for this case, give your lawyer's or spokespersons information. If you do not have a lawyer and want to keep your home address private, give a different mailing address instead. You do not have to give your telephone, fax, or e-mail.): Address: City: State: Zip: Hoopa Valley Tribal Court 12530 State Highway 96 P.O. Box 1389 Hoopa, CA 95546 Court fills in case number when form is Case Number: Description of person you want protection From: Sex: M F Height: Weight: Hair Color: Eye Color: Race: Age: Date of Birth: Address (If known): Zip: City: State: Zip: Do you want an order to protect family or household members? Yes No If yes, list them: Full name Sex Age Lives with you? Relationship to you What is your relationship to the person in (2)? (Check all that apply): a We are now married or registered domestic partners. We used to be married or registered domestic partners. We used to be married or registered domestic partners. We used to be married or registered domestic partners. We we are related by blood, marriage, or adoption (specify relationship): We are related by blood, marriage, or adoption (specify relationship): Check here if you need more space. Attach a sheet of paper and write: Child's Name: Date of Birth: Child's One of Birth: Child's Name: Date of Birth: Check here if you need more space. Attach a sheet of paper and write: "DV-100(TC), Additional Childrien a title.	me: Tribal Bar No.: m Name: dress (If you have a lawyer or spokesperson for this case, give you eyer's or spokespersons information. If you do not have a lawyer and to keep your home address private, give a different mailing address. dread. You do not have to give your telephone, fax, or e-mail.): dress: y: State: Zip: lephone: Fax: bal Affiliation: lame of Person You Want Protection From: scription of person you want protection from: ex: M F Height: Weight: Hair ace: Age: address (if known): City: State O you want an order to protect family or household in less, list them: Full name Sex Age Live: The Check here if you need more space. Attach a sheet of paper and we hat is your relationship to the person in ②? (Check at a lawyer and the space in the space is a lawyer and in	Fill in court name and street address: Tribal Court of: Hoopa Valley Tribal Court 12530 State Highway 96 P.O. Box 1389 Hoopa, CA 95546 Court fills in case number when form is Case Number: Color: Eye Color: Date of Birth:		
Firm Name: Address (If) you have a lawyer or spokesperson for this case, give your lawyer's or spokespersons information. If you do not have a lawyer and want to keep your home address private, give a different mailing address instead. You do not have to give your telephone, fax, or e-mail.): Address: Telephone: Fax: Tribal Affiliation: Name of Person You Want Protection From: Description of person you want protection from: Sex: M F Height: Weight: Hair Color: Eye Color: Race: Age: Date of Birth: Address (If known): City: State: Zip: Do you want an order to protect family or household members? Yes No Yes No Yes No Yes No Check here if you need more space. Attach a sheet of paper and write "DV-100(TC), Protected People" for a two was a tile. We are the parents together. We used to live together. We we are dating or used to date, or we are or used to be engaged to be married. Check here if you need more space. Attach a sheet of paper and write "DV-100(TC), Additional Childr for a title.	m Name: dress (If you have a lawyer or spokesperson for this case, give you eyer's or spokespersons information. If you do not have a lawyer and to keep your home address private, give a different mailing address. dread. You do not have to give your telephone, fax, or e-mail.): dress: y: State: Zip: dephone: Fax: bal Affiliation: ame of Person You Want Protection From: scription of person you want protection from: ex: M F Height: Weight: Age: address (if known): City: State: O you want an order to protect family or household nowes, list them: Full name Sex Age Live: Y Check here if you need more space. Attach a sheet of paper and want and is your relationship to the person in ②? (Check and want is your relationship to the person in ②? (Check and want is your relationship to the person in ②? (Check and want is your relationship to the person in ②? (Check and want is your relationship to the person in ②? (Check and want is your relationship to the person in ②? (Check and want is your relationship to the person in ②? (Check and want is your relationship to the person in ②? (Check and want is your relationship to the person in ②? (Check and want is your relationship to the person in ②? (Check and want is your relationship to the person in ②? (Check and want is your relationship to the person in ②? (Check and want is your relationship to the person in ②? (Check and your relationship to the person in ②? (Check and your relationship to the person in ③?)	Fill in court name and street address: Tribal Court of: Hoopa Valley Tribal Court 12530 State Highway 96 P.O. Box 1389 Hoopa, CA 95546 Court fills in case number when form is Case Number: Color: Eye Color: Date of Birth:		
Address (If you have a lawyer or spokesperson for this case, give your lawyer's or spokespersons information. If you do not have a lawyer and want to keep your home address private, give a different mailing address tribial Court of: Address:	dress (If you have a lawyer or spokesperson for this case, give you eyer's or spokespersons information. If you do not have a lawyer and to keep your home address private, give a different mailing addresad. You do not have to give your telephone, fax, or e-mail.): dress: y: State: Zip: ephone: Fax: bal Affiliation: ame of Person You Want Protection From: scription of person you want protection from: ex: M F Height: Weight: Age: Age: Address (if known): State: State: State: D Y Check here if you need more space. Attach a sheet of paper and we hat is your relationship to the person in ②? (Check at a sheet of paper) We are now married or registered domestic partners.	Fill in court name and street address: Tribal Court of: Hoopa Valley Tribal Court 12530 State Highway 96 P.O. Box 1389 Hoopa, CA 95546 Court fills in case number when form is Case Number: Color: Eye Color: Date of Birth:		
lawyer's or spokespersons information. If you do not have a lawyer and want to keep your home address private, give a different mailing address instead. You do not have to give your telephone, fax, or e-mail.): Address:	ryer's or spokespersons information. If you do not have a lawyer are not to keep your home address private, give a different mailing address. It to keep your home address private, give a different mailing addrest tead. You do not have to give your telephone, fax, or e-mail.): It to keep your home address private, give a different mailing addrest tead. You do not have to give your telephone, fax, or e-mail.): It to give you want an order to protection from: It to give you want protection from: It to give you want an order to protect family or household not you want an order to protect family or household not you want an order to protect family or household not you want an order to protect family or household not you want an order to protect family or household not you want an order to protect family or household not you want an order to protect family or household not you want an order to protect family or household not you want an order to protect family or household not you want an order to protect family or household not you want an order to protect family or household not you want an order to protect family or household not you want an order to protect family or household not you want an order to protect family or household not you want an order to protect family or household not you want an order to protect family or household not you want an order to protect family or household not you want an order to protect family or household not you want	Fill in court name and street address: Tribal Court of: Hoopa Valley Tribal Court 12530 State Highway 96 P.O. Box 1389 Hoopa, CA 95546 Court fills in case number when form is Case Number: Color: Eye Color: Date of Birth:		
want to keep your home address private, give a different mailing address instead. You do not have to give your telephone, fax, or e-mail.): Address: City: State: Zip: 12530 State Highway 96 P.O. Box 1389 Hoopa, CA 95546 Court fills in case number when form is Case Number: Description of person you want protection From: Sex: M F Height: Weight: Hair Color: Eye Color: Address (if known): State: Zip: Date of Birth: Address (if known): State: Zip: Date of Birth: Address (if known): State: State: Zip: Do you want an order to protect family or household members? Yes No If yes, list them: Full name Sex Age Lives with you? Relationship to you Yes No Check here if you need more space. Attach a sheet of paper and write "DV-100(TC), Protected People" for a two wards are the parents together of a child or children under 18: Child's Name: Date of Birth: Child's Name: Date of Birth: Check here if you need more space. Attach a sheet of paper and write "DV-100(TC), Additional Childs for a title.	Int to keep your home address private, give a different mailing address. Iterad. You do not have to give your telephone, fax, or e-mail.): Idress: Iteracy: Interacy: Inter	Tribal Court of: Hoopa Valley Tribal Court 12530 State Highway 96 P.O. Box 1389 Hoopa, CA 95546 Court fills in case number when form is Case Number: Color: Eye Color: Date of Birth:		
Instead. You do not have to give your telephone, fax, or e-mail.): Address: City: State: Zip: Hoopa Valley Tribal Court 12530 State Highway 96 P.O. Box 1389 Hoopa, CA 95546 Tribal Affiliation: Name of Person You Want Protection From: Description of person you want protection from: Sex: M F Height: Weight: Hair Color: Eye Color: Age: Date of Birth: Address (if known):	tead. You do not have to give your telephone, fax, or e-mail.): dress: y: State: Zip: ephone: Fax: bal Affiliation: mme of Person You Want Protection From: scription of person you want protection from: ex: M F Height: Weight: Hair ace: Age: ddress (if known): Eity: Sta you want an order to protect family or household now, list them: Full name Sex Age Live: Y Check here if you need more space. Attach a sheet of paper and want is your relationship to the person in ②? (Check and want is your relationship to the person in ②? (Check and want is your registered domestic partners.	Hoopa Valley Tribal Court 12530 State Highway 96 P.O. Box 1389 Hoopa, CA 95546 Court fills in case number when form is Case Number: Color: Eye Color: Date of Birth:		
Address: City: State: Zip: Do you want protection from: Sex: M F Height: Weight: Hair Color: Eye Color: Date of Birth: Zip: Do you want an order to protect family or household members? Yes No Yes No	dress: y: State: Zip: lephone: Fax: bal Affiliation: Imme of Person You Want Protection From: scription of person you want protection from: ex: M F Height: Weight: Hair lace: Age: ddress (if known): Sity: Sta D you want an order to protect family or household in less, list them: Full name Sex Age Live: Y Check here if you need more space. Attach a sheet of paper and with at is your relationship to the person in 2 ? (Check and Merson in 2) ? (Check and Merson in 3)	12530 State Highway 96 P.O. Box 1389 Hoopa, CA 95546 Court fills in case number when form is Case Number: Color: Eye Color: Date of Birth:		
City: State: Zip:	State: Zip: State: State: Zip: State State: State: State: State State: State: State: State State: State: State: State State: State: State: State: State: State: State: State: State: State: State: State: State: State: State: State: State: State: State: State: State: State: State: State: State: State: State: State: State: State: State: State: State: State: State: State: State: State: State: State: Sta	P.O. Box 1389 Hoopa, CA 95546 Court fills in case number when form is Case Number: Color: Eye Color: Date of Birth: E: Zip:		
Telephone: Fax:	Example Fax:	Hoopa, CA 95546 Court fills in case number when form is Case Number: Color: Eye Color: Date of Birth: E: Zip:		
Tribal Affiliation: Name of Person You Want Protection From: Caurt fills in case number when form is	bal Affiliation: Imme of Person You Want Protection From: Scription of person you want protection from: ex:	Case Number: Color: Eye Color: Date of Birth: Ee: Zip:		
Description of person you want protection from: Sex:	scription of person you want protection from: ex:	Case Number: Color: Eye Color: Date of Birth: E: Zip:		
Description of person you want protection from: Sex: M F Height: Weight: Hair Color: Eye Color: Race: Age: Date of Birth: Address (if known): City: State: Zip:	scription of person you want protection from: ex:	Color: Eye Color: Date of Birth: e: Zip:		
Sex: M F Height: Weight: Hair Color: Eye Color: Race: Age: Date of Birth: Address (if known): City: State: Zip: Do you want an order to protect family or household members? Yes No If yes, list them: Full name Sex Age Lives with you? Relationship to you	ex: M F Height: Weight: Hair acce: Age: Age: Address (if known): City: State of you want an order to protect family or household not ges, list them: Full name Sex Age Lives Y Check here if you need more space. Attach a sheet of paper and wrong that is your relationship to the person in 2? (Check at a live of the person in 2) ? (Check at a live of the person in 2) ? (Check at a live of the person in 3) ? (Check at a live of the person in 4)	Date of Birth: e: Zip:		
Sex: M F Height: Weight: Hair Color: Eye Color: Race: Age: Date of Birth: Address (if known): City: State: Zip: Do you want an order to protect family or household members? Yes No If yes, list them: Full name Sex Age Lives with you? Relationship to you Yes No Yes Yes No Yes Yes	ex: M F Height: Weight: Hair acce: Age: Age: Address (if known): City: State of you want an order to protect family or household not ges, list them: Full name Sex Age Lives Y Check here if you need more space. Attach a sheet of paper and wrong that is your relationship to the person in 2? (Check at a live of the person in 2) ? (Check at a live of the person in 2) ? (Check at a live of the person in 3) ? (Check at a live of the person in 4)	Date of Birth: e: Zip:		
Race:	Age:	Date of Birth: e: Zip:		
Race:	Age:	Date of Birth: e: Zip:		
Address (if known): City:	Standarders (if known): Standarders (if known): Standarder to protect family or household in the seasy list them: Full name Sex Age Lives Y Y Check here if you need more space. Attach a sheet of paper and we hat is your relationship to the person in (2)? (Check at a sheet of partners.)	e: Zip:		
City: State: Zip:	State of you want an order to protect family or household in the ses, list them: Full name			
Do you want an order to protect family or household members? Yes No If yes, list them: Full name Sex Age Lives with you? Relationship to you Yes No Yes No Wes No Yes No Check here if you need more space. Attach a sheet of paper and write "DV-100(TC), Protected People" for a relationship to the person in ②? (Check all that apply): a. We are now married or registered domestic partners. b. We used to be married or registered domestic partners. c. We live together. d. We used to live together. e. We are related by blood, marriage, or adoption (specify relationship): f. We are the parents together of a child or children under 18: Child's Name: Date of Birth: Check here if you need more space. Attach a sheet of paper and write "DV-100(TC), Additional Children for a title.	you want an order to protect family or household not be so that is your relationship to the person in 2 ? (Check as a sheet of partners).			
 Check here if you need more space. Attach a sheet of paper and write "DV-100(TC), Protected People" for a two the person in ②? (Check all that apply): a. □ We are now married or registered domestic partners. b. □ We used to be married or registered domestic partners. c. □ We live together. d. □ We used to live together. e. □ We are related by blood, marriage, or adoption (specify relationship): f. □ We are dating or used to date, or we are or used to be engaged to be married. g. □ We are the parents together of a child or children under 18: Child's Name: □ Date of Birth: □ Child's Name: □ Date of Birth: □ Check here if you need more space. Attach a sheet of paper and write "DV-100(TC), Additional Children a title. 	Check here if you need more space. Attach a sheet of paper and wr hat is your relationship to the person in ②? (Check at We are now married or registered domestic partners.	es 🗌 No		
What is your relationship to the person in ②? (Check all that apply): a. □ We are now married or registered domestic partners. b. □ We used to be married or registered domestic partners. c. □ We live together. d. □ We used to live together. e. □ We are related by blood, marriage, or adoption (specify relationship): f. □ We are dating or used to date, or we are or used to be engaged to be married. g. □ We are the parents together of a child or children under 18: Child's Name: Child's Name: Child's Name: Date of Birth: Child's Name: Date of Birth: Check here if you need more space. Attach a sheet of paper and write "DV-100(TC), Additional Children for a title.	nat is your relationship to the person in ② ? (Check at	es 🗌 No		
a. We are now married or registered domestic partners. b. We used to be married or registered domestic partners. c. We live together. d. We used to live together. e. We are related by blood, marriage, or adoption (specify relationship): f. We are dating or used to date, or we are or used to be engaged to be married. g. We are the parents together of a child or children under 18:	☐ We are now married or registered domestic partners.	te"DV-100(TC), Protected People" for a t		
a. We are now married or registered domestic partners. b. We used to be married or registered domestic partners. c. We live together. d. We used to live together. e. We are related by blood, marriage, or adoption (specify relationship): f. We are dating or used to date, or we are or used to be engaged to be married. g. We are the parents together of a child or children under 18:	☐ We are now married or registered domestic partners.	that apply):		
b.				
c. We live together. d. We used to live together. e. We are related by blood, marriage, or adoption (specify relationship): f. We are dating or used to date, or we are or used to be engaged to be married. g. We are the parents together of a child or children under 18: Child's Name: Child's Name: Date of Birth:	We used to be married or registered domestic partners.			
d.				
f.				
f.	☐ We are related by blood, marriage, or adoption (specify relation	nship):		
Child's Name: Date of Birth:	f. We are dating or used to date, or we are or used to be engaged to be married.			
Child's Name: Date of Birth:				
Child's Name: Date of Birth:	Child's Name:	Date of Birth:		
Child's Name:Date of Birth:	Child's Name:	Date of Birth:		
for a title.	Child's Name:Date of Birth:			
h. \square We have signed a Voluntary Declaration of Paternity for our child or children. (Attach a copy if you have				
	☐ We have signed a Voluntary Declaration of Paternity for our c			



Clerk stamps date here when form is filed.

5	a.	Are there any restraining/protective order (emergency protective orders, criminal, journal of the No Yes (date of order): Have you or any other person named in (ve you or any other person named in 3 been involved in another court of No Yes If yes, check each kind of case and indicate where and with				
		Divorce, Nullity, Legal Separation Civil Harassment Domestic Violence Criminal Juvenile, Dependency, Guardianship Child Support Parentage, Paternity Other (specify): Check here if you need more space. A			Case Number (if known)		
		for a title.	Huach a sheet of paper and write	e Dv-100(1C), Other Court Cases		
67	Personal Conduct Orders I ask the court to order the person in ② not to do the following things to me or anyone listed in ③: a. ☐ Harass, attack, strike, threaten, assault (sexually or otherwise), hit, follow, stalk, molest, destroy personal property, disturb the peace, keep under surveillance, impersonate (on the Internet, electronically or otherwise), or block movements b. ☐ Contact, either directly or indirectly, in any way, including but not limited to, by telephone, mail or e-ma or other electronic means The person in ② will be ordered not to take any action to get the addresses or locations of any protected person unless the court finds good cause not to make the order. ☐ Stay-Away Order a. I ask the court to order the person in ② to stay at least						
8 -		Move-Out Order (If the person in ② lives with you and you want that person to stay away from your home, you must ask for this move-out order.) I ask the court to order the person in ② to move out from and not return to (address):					
		I have the right to live at the above address because (explain):					
		This	is not a Court Order.				

Case Number:

	Case Number:		se Number:				
$\overline{\bigcirc}$	Gı	Guns or Other Firearms or Ammunition					
9)	I be If to fire	believe the person in 2 owns or possesses guns, firearms, or ammunition. If the judge approves the order, the person in 2 will be ordered not to own, power or ammunition. The person will be ordered to sell to, or store with, a lie inforcement, any guns or firearms that he or she owns or possesses.	ossess, purchase, or receive a				
10)		Record Unlawful Communications					
		I ask for the right to record communications made to me by the person in (2)	2) that violate the judge's orders.				
11)		☐ Care of Animals					
	I ask for the sole possession, care, and control of the animals listed below. I ask the court to order the particle of to stay at least and yards away from and not take, sell, transfer, encumber, conceal, molest, a strike, threaten, harm, or otherwise dispose of the following animals:						
		I ask for the animals to be with me because:					
12	 a.	☐ Child Custody and Visitation ☐ I do not have a child custody or visitation order and I want one.					
	b.	. I have a child custody or visitation order and I want it changed.					
	Ify	f you ask for orders, you must fill out and attach form DV-105(TC), Request fo	or Child Custody and Visitation				
	Or	Orders. You and the other parent may tell the court that you want to be legal pa	arents of the children (use <u>form</u>				
	DV	V-180(TC), Agreement and Judgment of Parentage).					
13)		Child Support (Check all that apply):					
	a.	. I do not have a child support order and I want one.					
	b.	☐ I have a child support order and I want it changed.					
	c.	☐ I now receive or have applied for TANF, Welfare, CalWORKS, or Medi-Cal.					
	Ify	you ask for child support orders, you must fill out and attach form FL-150(TC), Income and Expense					
	De	Declaration or <i>form FL-155(TC)</i> , Financial Statement (Simplified).					
14)		□ Property Control					
		I ask the court to give <i>only</i> me temporary use, possession, and control of the	e property listed here:				
15)		☐ Debt Payment					
		I ask the court to order the person in (2) to make these payments while the order is in effect:					
		Check here if you need more space. Attach a sheet of paper and write "					
		Pay to: For: Amount: \$					
16)		☐ Property Restraint					
		I am married to or have a registered domestic partnership with the per that the person in 2 not borrow against, sell, hide, or get rid of or destroy a in the usual course of business or for necessities of life. I also ask the judge me of any new or big expenses and to explain them to the court.	any possessions or property, except				
17)		☐ Spousal Support					
_		I am married to or have a registered domestic partnership with the person in exists. I ask the court to order the person in 2 to pay spousal support. (You FL-150(TC), Income and Expense Declaration, before your hearing).					

(Rev. 03/17)

			Case Number:			
_	Dialete to Making Day 1	and Dhave Are				
	Rights to Mobile Device and Wirele					
a.		_	Sthe following mabile desires			
	I ask the court to give only me temporary use		the following mobile devices: and the wireless phone account for the			
	following wireless phone numbers because the					
	(including area code):	my number	_			
	(including area code):	my number				
	(including area code):	my number				
	☐ Check here if you need more space. Attac Device and Wireless Phone Account" for	ch a sheet of paper and writ	-			
b.	□ Debt Payment					
	I ask the court to order the person in 2 to me because:	• •	-			
	Name of the wireless service provider is:	Amount: \$	Due Date:			
	If you are requesting this order, you must con Expense Declaration, before your hearing.	mplete, file, and serve form	FL-150(TC), Income and			
c.						
	Task the court to order the wireless service p					
	wireless phone numbers listed in 18a to me b					
	If the judge makes this order, you will be fine		-			
	fees and costs of any mobile devices connect	•				
	You must contact the wireless service provid	er to find out what fees you	will be responsible for and whether y			
	are eligible for an account.					
	Insurance					
	I ask the court to order the person in ② NO					
	beneficiaries of any insurance or coverage he	eld for the benefit of me or t	he person in 2), or our child(ren), for			
	whom support may be ordered, or both.					
	Lawyer or Spokespersons Fees an	Lawyer or Spokespersons Fees and Costs				
		I ask that the person in (2) pay some or all of my lawyer/Spokespersons fees and costs.				
	You must complete, file, and serve form FL-150(TC), Income and Expense Declaration, before your hearing.					
	Payments for Costs and Services					
	I ask the court to order the person in 2) to	pay the following:				
	You can ask for lost earnings or your costs for					
	medical care, counseling, temporary housing	g, etc.). You must bring proo	f of these expenses to your hearing.			
	Pay to:	For:	Amount: \$			
	Pay to:	For:	Amount: \$			
	Batterer Intervention Program					
	I ask the court to order the person listed in (2)	to go to a 52-week hatter	er intervention program and show pro			
	of completion to the court.					
	Other Orders					
	What other orders are you asking for?					
	THE CHIEF CHACLE HIS YOU HERRIES TOLL					

		Case Number:
<u></u>	Th co	ime for Service (Notice) the papers must be personally served on the person in ② at least five days before the hearing, unless the purt orders a shorter time for service. If you want there to be fewer than five days between service and the earing, explain why below. For help, read form DV-200(TC)-INFO, "What Is Proof of Personal Service"?
25)	<i>If you</i>	Fee to Serve (Notify) Restrained Person want the Hoopa Tribal Police to serve (notify) the restrained person about the orders for free, ask the clerk what you need to do.
26	The c ("tem the or	rt Hearing court will schedule a hearing on your request. If the judge does not make the orders effective right away apprary restraining orders"), the judge may still make the orders after the hearing. If the judge does not make reders effective right away, you can ask the court to cancel the hearing. Read form DV-112(TC), Waiver of ing on Denied Request for Temporary Restraining Order, for more information.
27	Desc	cribe Abuse
	bodily harass surve distur a. Da	ribe how the person in ② abused you. Abuse means to intentionally or recklessly cause or attempt to cause y injury to you; or to place you or another person in reasonable fear of imminent serious bodily injury; or to s, attack, strike, threaten, assault (sexually or otherwise), hit, follow, stalk, molest, keep you under illance, impersonate (on the Internet, electronically or otherwise), batter, telephone, or contact you; or to be your peace; or to destroy your personal property. (For a complete definition, see your Tribes code.)
		Who was there?
	2.	Describe how the person in ② abused you or your child(ren):
		☐ Check here if you need more space. Attach a sheet of paper and write "DV-100(TC), Recent Abuse" for a titl
	3.	Did the person in ② use or threaten to use a gun or any other weapon? No Yes (If yes, describe):
	4.	Describe any injuries:
	5.	If yes, did they give you or the person in (2) an Emergency Protective Order? Yes No I don't know Attach a copy if you have one.
		The order protects you or the person in 2
		This is not a Court Order

		Case Nu	imber:			
27)	Describe Abuse (continued)					
	Has the	e person in ② abused you (or your child(ren)) other times?				
	b. D	Date of abuse:				
		1. Who was there?				
	2.	2. Describe how the person in 2 abused you or your child(ren):				
		Check here if you need more space. Attach a sheet of paper and write	"DV-100(TC), Recent Abuse"			
	 for a title. 3. Did the person in ② use or threaten to use a gun or any other weapon? ☐ No ☐ Yes (If yes, a) 					
	4.	4. Describe any injuries:				
	5.	5. Did the police come? \[\sum \ No \ \sum \ Yes				
		If yes, did they give you or the person in ② an Emergency Protective Ord Yes No I don't know Attach a copy if you have one. The order protects you or the person in ② If the person in ② abused you other times, check here and use Form D or describe any previous abuse on an attached sheet of paper and write "Infor a title."	copy if you have one. Son in 2 eck here \square and use Form DV-101(TC), Description of Abuse			
28)	Other Persons to Be Protected					
		rsons listed in item (3) need an order for protection because (describe):				
(29)	Number	er of pages attached to this form, if any:				
I dec	lare under	er penalty of perjury under the laws of the Tribe that the information above is	true and correct.			
Type	or print y	your name Sign your name				
Lawy	ver or Spo	pokespersons name, if you have one Lawyer or Spokesperson	ns signature			
		This is not a Court Order				

