

****This form is for court and law enforcement use ONLY, it will not be seen nor any information on this form given to any other party.****

DV-260/CH-102/EA-102

Confidential CLETS Information

California Law Enforcement Telecommunications System (CLETS) Information Form

Important Notice: This form MUST NOT become part of the public court file. It is confidential and private. If the court issues a restraining order, this form will provide law enforcement with information that will assist them in enforcing a restraining order.

Person To Be Protected: Fill out this form as much as you can, and give it to the court clerk. The clerk will provide the confidential information on this form to CLETS, a statewide computer system that lets police know about your order. In addition to providing the information on this form, you must provide a public mailing address on your request for a restraining order filed with the court. This will allow the court to contact you if needed and allow the other side to have their response to your petition served on you. If you want to keep your place of residence confidential, you can use a post office box or "care of" address on the request that you file.

Case number for your restraining order (if you know it): _____

If you have already filed your initial elder abuse paperwork with the court then enter you case number HERE

1) Person To Be Protected (name): _____

1) List the name, address and telephone number of the person asking for protection. If you want the address to be private then you may include an address where you receive mail but do not actually live.

Sex: M F Height: _____ Weight: _____ Race: _____

Hair Color: _____ Eye Color: _____ Age: _____ Date of Birth: _____

(mailing address listed on restraining order) (city, state, zip) (telephone number [optional])

Vehicle (type, model, year): _____

Vehicle license number and state: _____

2) Person To Be Restrained (name): _____

2) List the name of the person you are requesting protection from (the abuser). This section should also include a detailed physical description of that person as well as their home and work addresses. List all information you have here, if you do not have a certain piece of information that is OK, just list as much as you have.

Sex: M F Height: _____ Weight: _____ Race: _____

Hair Color: _____ Eye Color: _____ Age: _____ Date of Birth: _____

(residence address) (city, state, zip) (telephone number)

(work place) (occupation/title) (work hours)

(business address) (city, state, zip) (telephone number)

Driver's license number and state: _____ Vehicle license number and state: _____

Vehicle (type, model, year): _____

Social Security Number: _____

Describe any marks, scars, or tattoos: _____

Other names used by the restrained person: _____

Describe any guns or firearms you believe the restrained person owns or has access to (number, types, and locations): _____

3) Other People To Be Protected (only in domestic violence and civil harassment cases)

Name Date of Birth Sex Race

3) DO NOT FILL OUT ANYTHING HERE, THIS SECTION IS NOT APPLICABLE TO ELDER/DEPENDENT ABUSE CASES

FORM DONE

Confidential—Do not file in court file.