

****Esta forma es SOLAMENTE para el uso de la corte y las autoridades, No será vista ni proporcionado a ninguna otra persona****

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): _____

Si ha archivado sus documentos iniciales sobre el abuso de mayores con la corte entonces anote su número de caso AQUÍ.

1 Person To Be Protected (name): _____

Anota el nombre, dirección y número de teléfono de la persona pidiendo la protección. Si quiere que la dirección sea privada, puede incluir una dirección donde recibe el correo pero no viven ahí actualmente.

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) Anote el nombre de la persona de quien está pidiendo protección (el abusador). Esta sección también debe incluir una descripción física detallado la persona al igual que la dirección de su casa y trabajo. Anote toda la información que tiene aquí, si no tiene ciertos artículos de información, NO HAY PROBLEMA, solo anote lo más que pueda y tenga.

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) NO COMPLETE NADA AQUÍ, ESTA SECCIÓN NO APLICA A CASOS DE ABUSO DE ANCIANOS O DEPENDIENTES

FORMA COMPLETADA

Confidential—Do not file in court file.