



PERSON TO BE PROTECTED (name):  PERSON TO BE RESTRAINED (name):	CASE NUMBER:
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9.  RESTITUTION  
 I  do  do not consent to the order requested.

10.  COUNSELING  
 I  do  do not consent to the order requested.

11.  FIREARM RELINQUISHMENT  
 a. I  do  do not consent to the order requested.  
 b. I  have  have not relinquished my firearms to a local law enforcement agency or licensed gun dealer.  
 A copy of the receipt  is attached.  has previously been filed. (A receipt must be filed with the court within 72 hours after receiving the order.)

12.  OTHER ORDERS (see item 20 of the Application and Declaration for Order, form DV-100)  
 I  do  do not consent to the order requested.

13.  I request the court to order payment of my  
 a.  attorney fees if I win.  
 b.  out-of-pocket expenses incurred as the result of an ex parte temporary restraining order issued without sufficient supporting facts. The expenses are:

<u>Item</u>	<u>Amount</u>

14.  I request the following additional orders:

15.  SUPPORTING INFORMATION  
 contained in the attached declaration

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

.....  
 (TYPE OR PRINT NAME)

\_\_\_\_\_ (SIGNATURE)